

Name  
in  
Full

Edward Ambush

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Adamstown		<sup>County</sup> Frederick		MARYLAND	
Date of death 1909 Feb.		23		Age 66	
Sex Male		Color or Race Black		Birth-place Virginia	
Occupation Laborer		Where Residing if not at place of death # #			
Married, Single or Widowed Married		Name of Wife or Husband Martha Ambush,			
Father's Name Robert Ambush		Father's Birthplace Maryland.			
Mother's Maiden Name Margaret Hood.		Mother's Birthplace Virginia			
Name of person giving information Patrick Ambush		How related to deceased Brother			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	How long
Immediate Interstitial Nephritis	7 months.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Jos. G. Thomas, M.D.
	Address Adamstown, Md.
Accident or Suicide?	

0170110/16

Name  
in  
Full

Mary Banks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Moundville* Town *Frederick* County **MARYLAND**

Date of death 190*8* *Feb*, Month *29*, Day Age *80* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Unknown*

Occupation *Domestic* Where Residing if not at place of death *Same*

~~Married, Single~~ *None* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Charity Posey* How related to deceased *No relation*

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

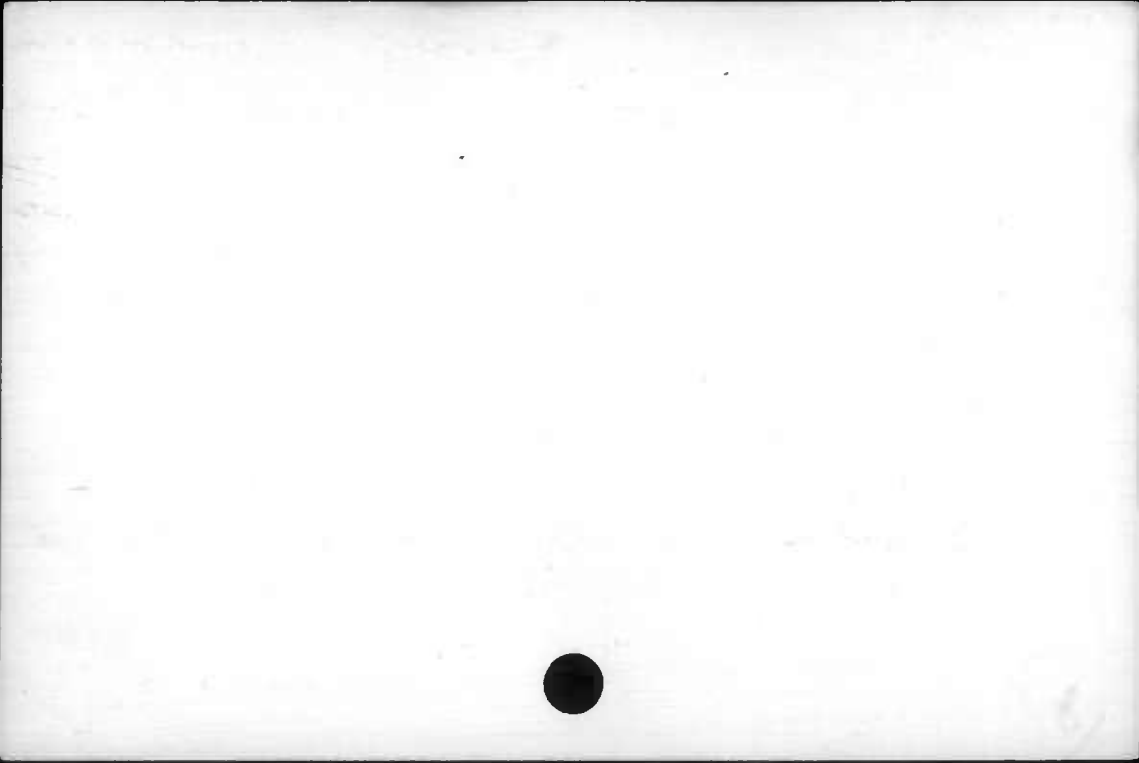
Primary *Chronic Mania* How long *Several years*

Immediate *Cardiac Valvular Lesion* How long *About 1 year or more*

Are the name, age, sex, color, date and place correctly given above? *Yes, as near as could be ascertained*

Signature of Physician *W. G. Bourne M.D.* Address *Frederick Md*

Accident or Suicide *neither*



Name  
in Full

## CERTIFICATE OF DEATH

Daniel Bentz

Town

County

MARYLAND

Died at Frederick

Frederick

Date

of death

1909

Month

2.

Day

25

Age

Years

55

Months

6

Days

23

Sex

Male

Color or  
Race

White

Birth-  
place

Frederick

Occupation

Harness Maker

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary A. Shipley

Father's  
Name

Lawrence Bentz

Father's  
Birthplace

Frederick Co. Md.

Mother's  
Maiden Name

Ann S. Schell

Mother's  
Birthplace

Frederick

Name of person giving  
Information

Mrs. Mary A. Bentz

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Apoplexy

How long

2 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. F. Gooden. M.D.

Address

Frederick.

Md

Accident or Suicide

---

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

64

over

Interment Feb 27- 1909  
" at Mt. Olivet Cemetery  
Thomas P. Rice F. & O.

Dr Goodell

Dr. McCurdy,

Name  
in  
Full

Calvin Page Brown

## CERTIFICATE OF DEATH

Town

County

Died at *Fredericks**Fredericks*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

2

13

Age

—

5

21

Sex

*Male*Color or  
Race*Black*Birth-  
place*Fredericks*

Occupation

Where Residing If not  
at place of death*Same*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Calvin T. Brown*Father's  
Birthplace*Fredericks*Mother's  
Maiden Name*Henrietta Bowie*Mother's  
Birthplace*Fredericks Md*Name of person giving  
Information*Calvin T. Brown*How related  
to deceased*Father*

## CAUSES OF DEATH

36

Primary

*Syphilis*

How long

*Since birth*

Immediate

*Eczema*

How long

*Two weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*B. Thomas M.D.*

Address

*Fredericks  
Md*

Accident or Suicide

*~ ~ ~*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Feb 14 - 1909.

" at Greenmount Cemetery

Thomas P. Rice F.D.

As B. D. Thomas

---

As McCurdy,

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

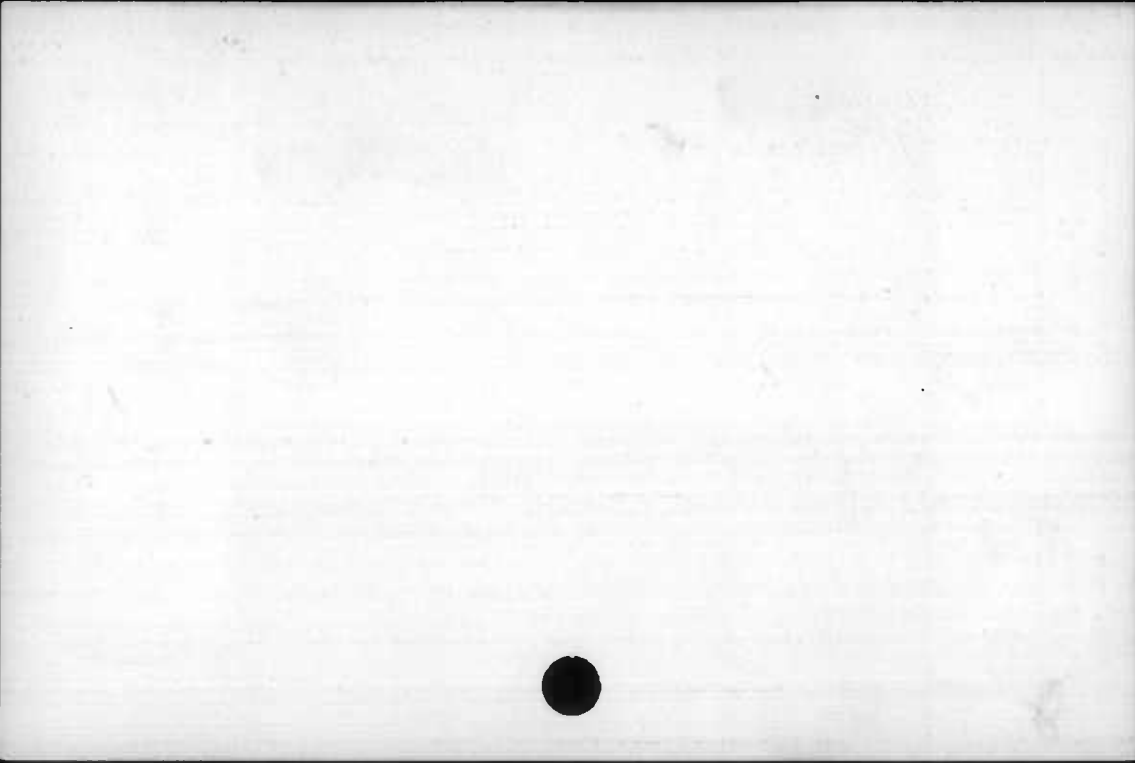
Name in Full <i>Grace Ethel Virginia Brown</i>		Town <i>Lewis Creek</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Lewis Creek</i>		Date of death <i>1909 Feb</i>		Day <i>25</i> Age <i>2</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Lewis Creek</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Lewis Creek</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Brown</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rachel Bell</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Henry Brown</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition &amp; Broncho-Pneumonia</i>		How long <i>6 months</i>	
Immediate <i>Cardiac Asthenia &amp; Exhaustion</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Hatty</i>	
		Address <i>New Windsor, Maryland</i>	
Accident or Suicide? <i>8</i>			



Name  
in  
Full

Cannon (Isaac)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

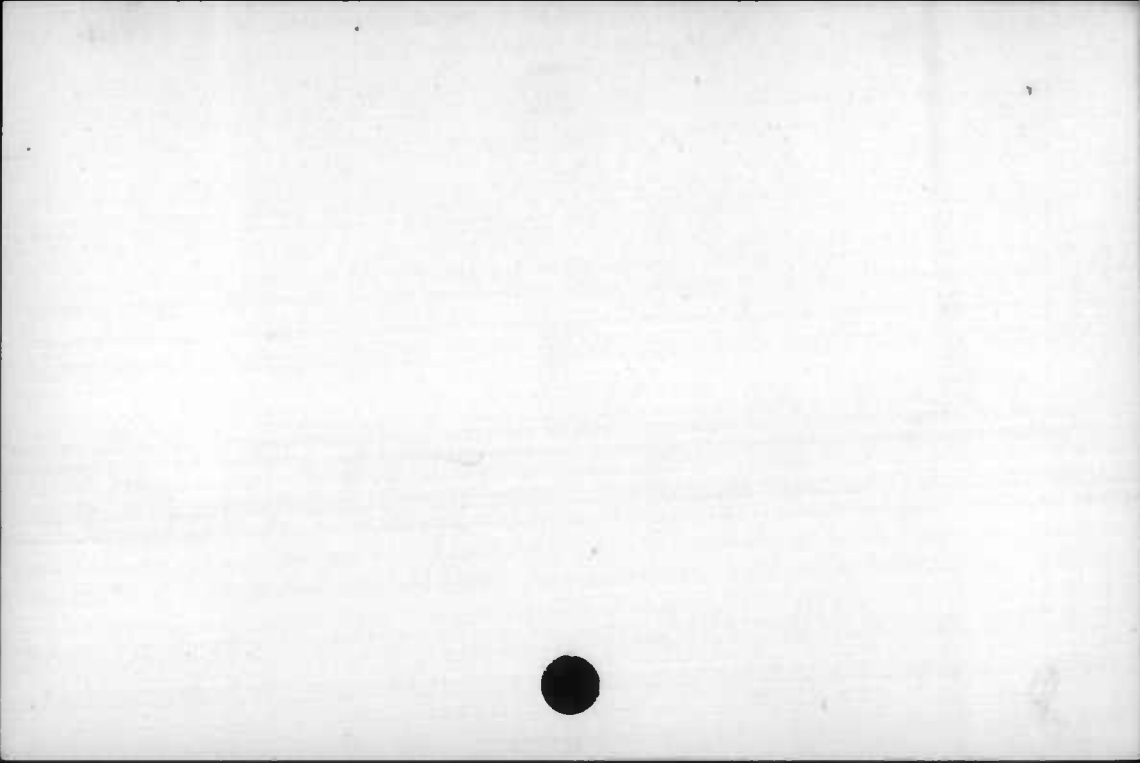
Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>5</i>	Age <i>70+</i>	Months <i>u</i> Days <i>u</i>
Sex <i>Male</i>	Color or Race <i>American</i>		Birth-place <i>Ind Co</i>		
Occupation <i>Lineman</i>	Where Residing if not at place of death <i>Princeton Md</i>				
Married, Single or Widowed <i>u</i>	Name of Wife or Husband <i>u</i>				
Father's Name <i>u</i>	Father's Birthplace <i>u</i>				
Mother's Maiden Name <i>u</i>	Mother's Birthplace <i>u</i>				
Name of person giving information			How related to deceased <i>u</i>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Instantaneous</i>
Immediate <i>u</i>	How long <i>u</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. P. Fahrney M.D.</i>
	Address <i>u</i>
Accident or Suicide?	



Name  
in  
Full

Hannie J. Carson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brunswick Town Frederick County MARYLAND

Date of death 1909 Feb. Month 15 Day 37 Age 1 Months 8 Days

Sex Female Color or Race White Birth-place Pa

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Jacob. Carson

Father's Name James Feller Father's Birthplace Pa

Mother's Maiden Name Maggie Tetus Mother's Birthplace Pa

Name of person giving Information Jacob. Carson How related to deceased Husband

## CAUSES OF DEATH

136

PHYSICIAN  
OR CORONER

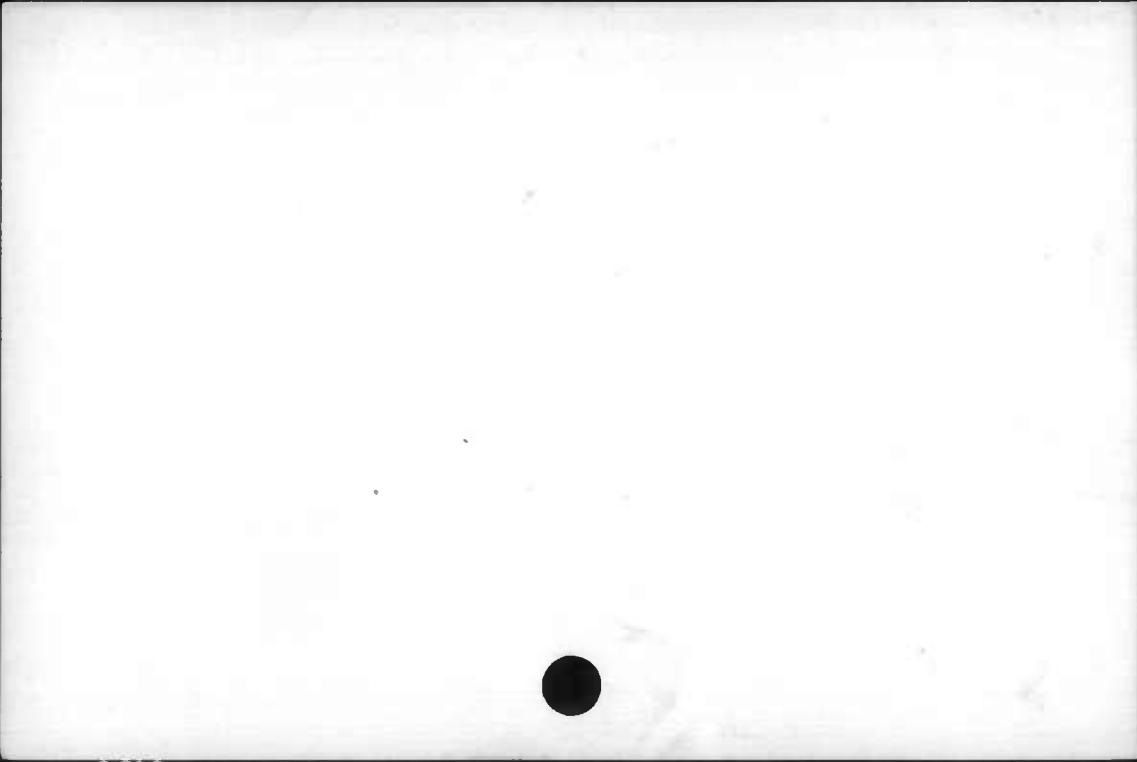
Primary Placenta Praevia How long 8 mo

Immediate Hemorrhage Antepartum How long 1 wk

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John W. R. H. Address Brunswick Frederick Co

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Alice Ceasar

TO BE ANSWERED BY  
NEAREST FRIEND

Near <i>Fredericks</i> Town		<i>Fredericks</i> County		MARYLAND	
Died at <i>Fredericks</i>		<i>Fredericks</i>			
Date of death <i>1909</i>	Month <i>2</i>	Day <i>13</i>	Age <i>45</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fredericks</i>		
Occupation <i>Maid</i>	Where Reiding if not at place of dasth <i>Fredericks</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Julius Ceasar</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Annie Brown</i>	Mother's Birthplace <i>Fredericks, Co. Md</i>				
Name of person giving Information <i>Augustus Ceasar</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>Several months</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>4 or 5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Bourne, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>—</i>	

Interment Feb 15 - 1909,

" at St. John's Cemetery

Thomas P. Rice F. & L.

Dr Bourse

Dr Goodell

Dr McQuady

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

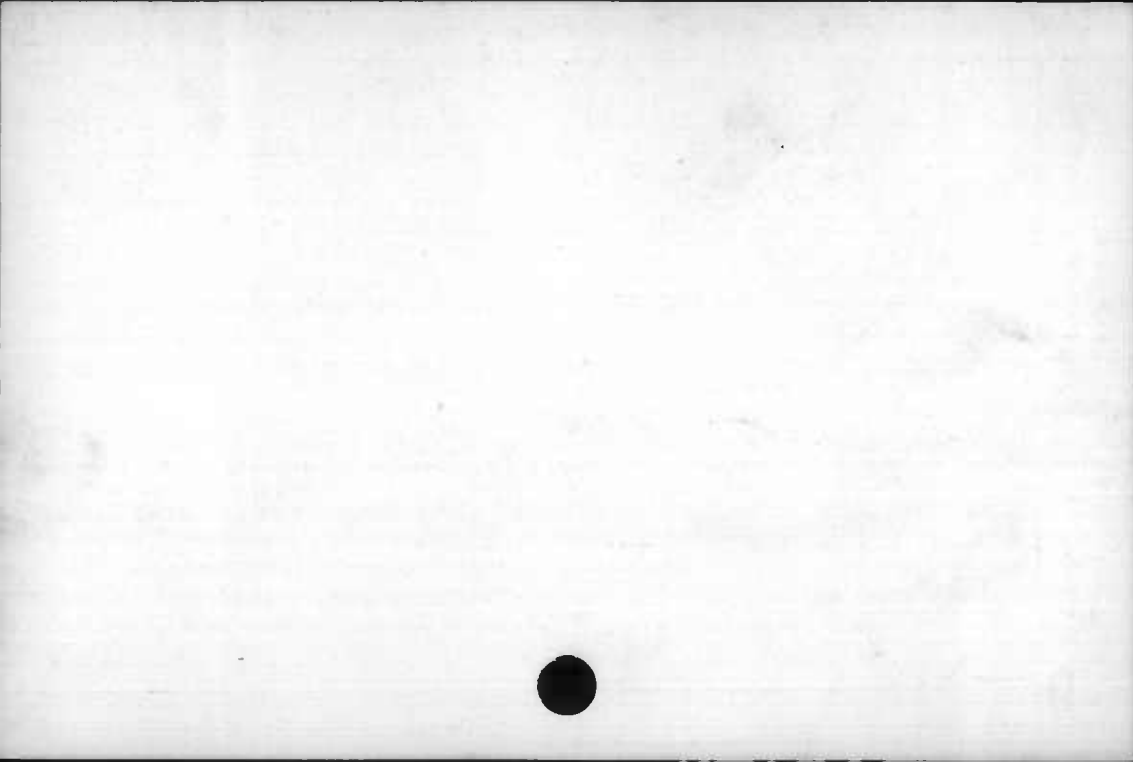
## CERTIFICATE OF DEATH

Name in Full <b>Paul Edwin Chromer</b>		Town <b>Emmitsburg</b>		County <b>Fredrick</b>		MARYLAND	
Died at		Date of death		Age		Months	
		1909 2nd 21st		Years		One	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Emmitsburg</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <b>Edwin Chromer</b>				Father's Birthplace <b>Pennsylvania</b>			
Mother's Maiden Name <b>Jennette Humrick</b>				Mother's Birthplace <b>Maryland</b>			
Name of person giving information <b>W. Sweeney</b>				How related to deceased <b>Nephew</b>			

## CAUSES OF DEATH

92

Primary <b>Broncho-Pneumonia</b>		How long <b>4 days</b>	
Immediate <b>L</b>		How long <b>L</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>W. B. Stone</b>	
		Address <b>Emmitsburg Md</b>	
Accident or Suicide?			



Name  
in  
Full

William H. Clay

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Brunswick<sup>County</sup> Frederick

MARYLAND

Date of death 1909 Feb 9

Month Day

Age 28

Years

Months 9

Days 6

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Clerk

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

A. J. Clay

Father's  
Birthplace

Md

Mother's  
Maiden Name

Susan P. Herr

Mother's  
Birthplace

Md

Name of person giving  
information

Susan P. Clay

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Cancer complication

How long

How long

Immediate

cardiostasis

6 mo

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

A. Horine

Brunswick

Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8

MARYLAND

1950

UNIVERSITY OF MARYLAND

1950

UNIVERSITY OF MARYLAND

1950

Name  
in  
Full

## CERTIFICATE OF DEATH

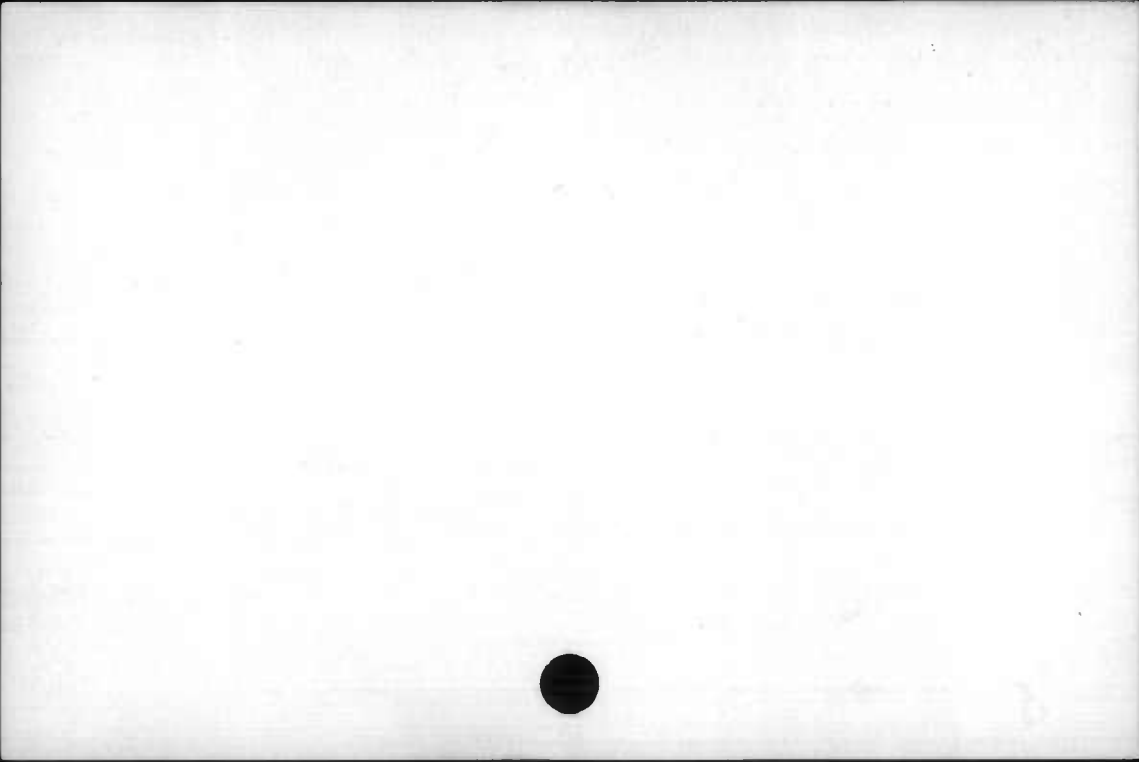
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Helena R. Coblenz</i>		Town <i>Middleton</i>		County <i>Fredk Co</i>		MARYLAND					
Died at		Month <i>2</i>		Day <i>1</i>		Years <i>5-7</i>		Months <i>6</i>		Days <i>27</i>	
Date of death 190 <i>9</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband											
Father's Name <i>Olive Coblenz</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Rebecca Menchey</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving In formation <i>Chas. O. Coblenz</i>		How related to deceased <i>Brother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Herbert Beckley</i>
	Address <i>Middleton Md.</i>
Accident or Suicide?	



Name  
in  
Full

Frank <sup>lin</sup> Hobbs Davis

CERTIFICATE OF DEATH

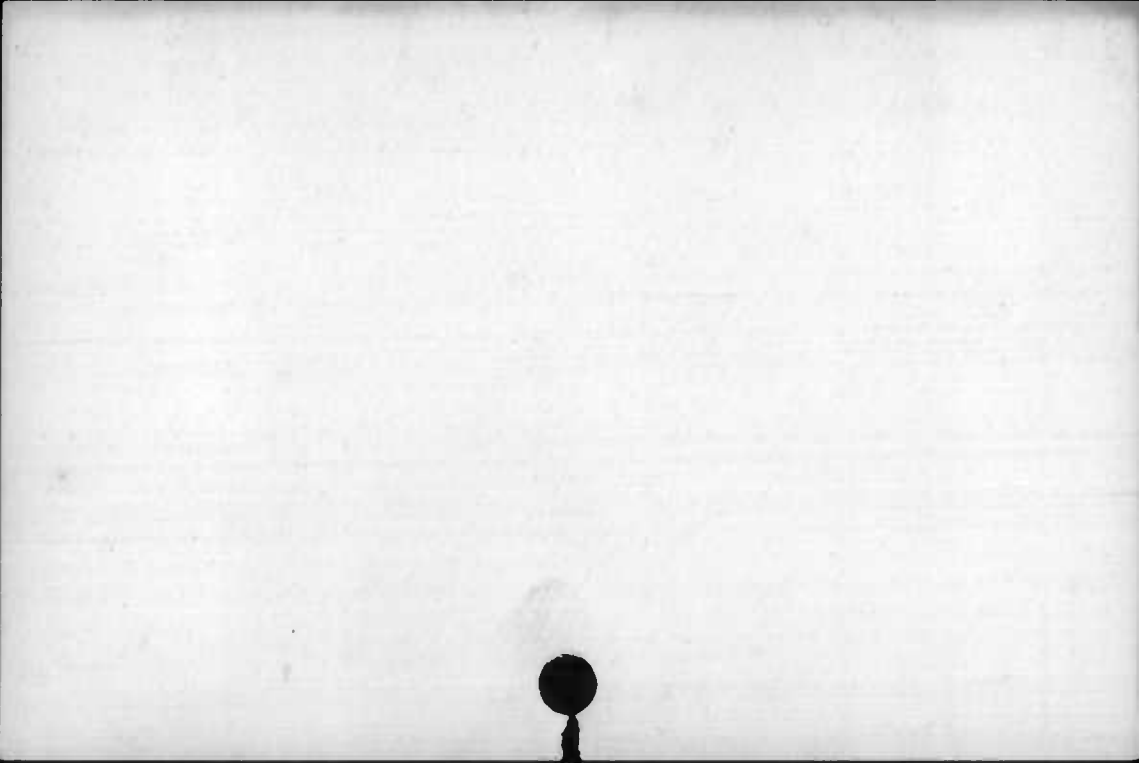
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Brown</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	<u>February</u> <sup>Month</sup>	<u>23</u> <sup>Day</sup>	<u>64</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup> <u>27</u> <sup>Days</sup>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Carnage Tripper</u>		Birth-place	<u>Howard Co. Md.</u>	
Where Residing if not at place of death			<u>X</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>M. A. Rebecca Davis</u>		
Father's Name	<u>Zachariah Davis</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Cordelia A. Clary</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>Mrs. M. A. Davis</u>			How related to deceased	<u>64</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy (Congestive) + Embolism</u>	How long	<u>4 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>S. S. Maynard</u>	
		Address	
		<u>17 Brown St. W.</u>	
		<u>Brown Md.</u>	
Accident or Suicide? <u>No</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Alexander Degrange*  
*Tear Lagaville* *South* CountyDate of death 190 *7* Month *2* Day *18* Age *58* Years Months *2* Days *16*Sex *Male* Color or Race *White* Birth-place *Tear Lagaville*Occupation *Farmer* Where Residing if not at place of deathMarried, ~~Single~~ *or Widowed* Name of Wife or ~~Husband~~ *Sarah Ann Degrange*Father's Name *John Degrange*

Father's Birthplace

Mother's Maiden Name *Elizabeth Kinner*

Mother's Birthplace

Name of person giving information *Charles Kinner*

How related to deceased

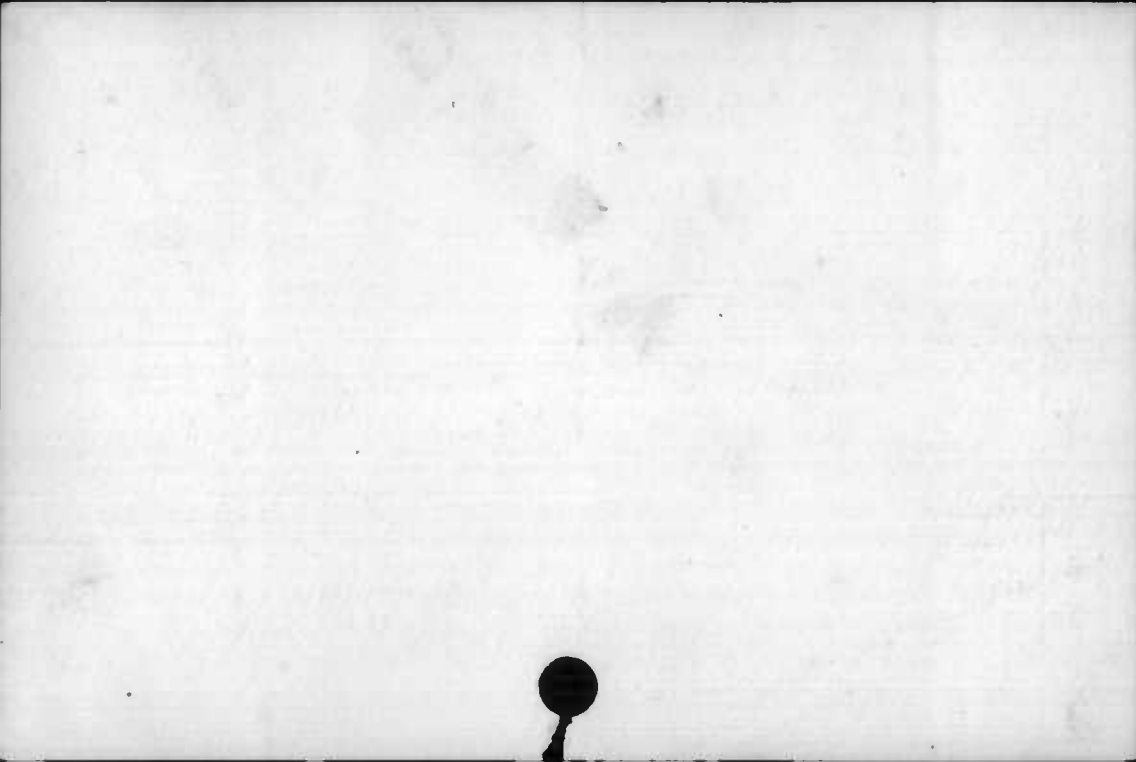
## CAUSES OF DEATH

**93**Primary *Pneumonia*How long *9 days*Immediate *Edema of lungs*How long *5 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

*J. M. Goodman, M.D.*  
Address *Frederick, Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Devilbiss

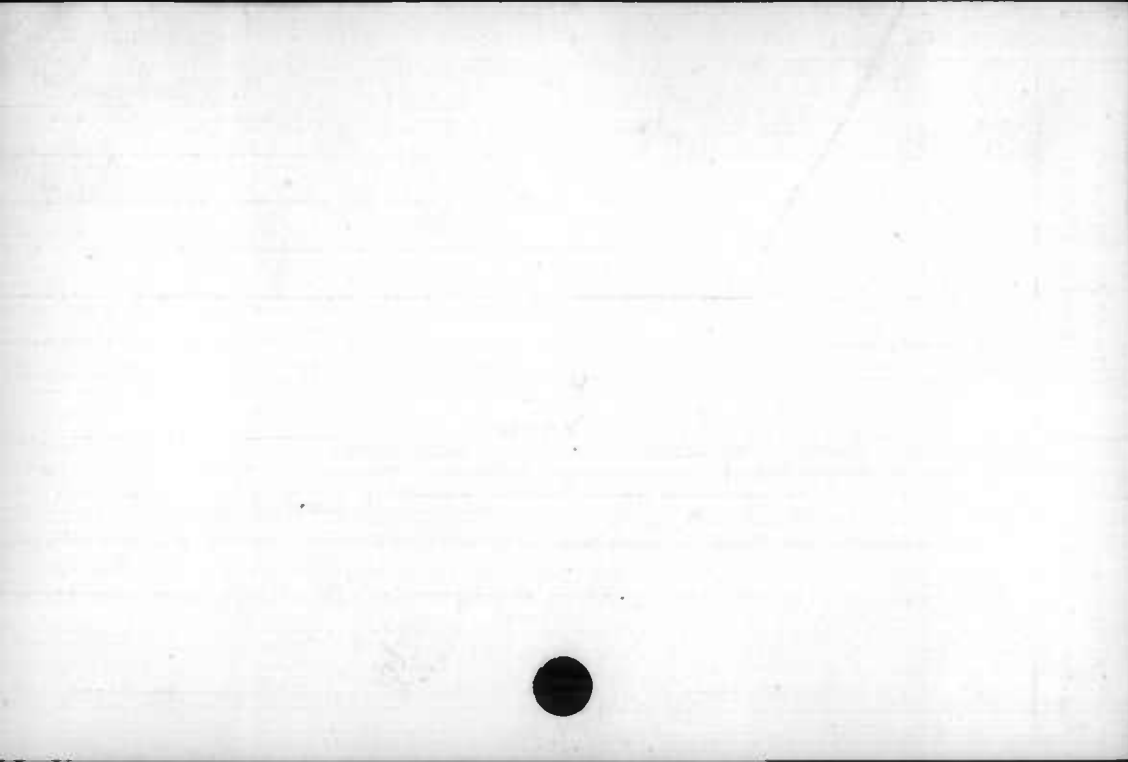
Died at <i>Lums Creek</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Feb	Day	17
Age	82	Years	5	Months	17
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death <i>Lums Creek</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary C. Devilbiss		
Father's Name	Casper Devilbiss			Father's Birthplace	Maryland
Mother's Maiden Name	Ann E. Barnett			Mother's Birthplace	Maryland
Name of person giving information	Willie P. Devilbiss			How related to deceased	Son

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-Capillary Fibrosis</i>		How long	
Immediate	<i>Emiplegia</i>		How long	<i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>Dr. Ira E. Whitehill</i>		
Address		<i>New Windsor</i>		
Accident or Suicide?				



Name  
in  
Full

Loretta Ann Dudrear

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Fredrick Town " County MARYLAND

Date of death 190 9 Month 2 Day 7<sup>th</sup> Age 46 Years 7 Months 9 Days

Sex Female Color or Race White Birth-place md

Occupation Retired Where Residing if not at place of death X

Married, Single or Widowed Widowed Name of ~~Wife~~ P. Cornwall Dudrear Husband

Father's Name Joseph Rontzahn Father's Birthplace md

Mother's Maiden Name Elizabeth Lighter Mother's Birthplace md

Name of person giving Information Wm. F. C. Norwood How related to deceased niece

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

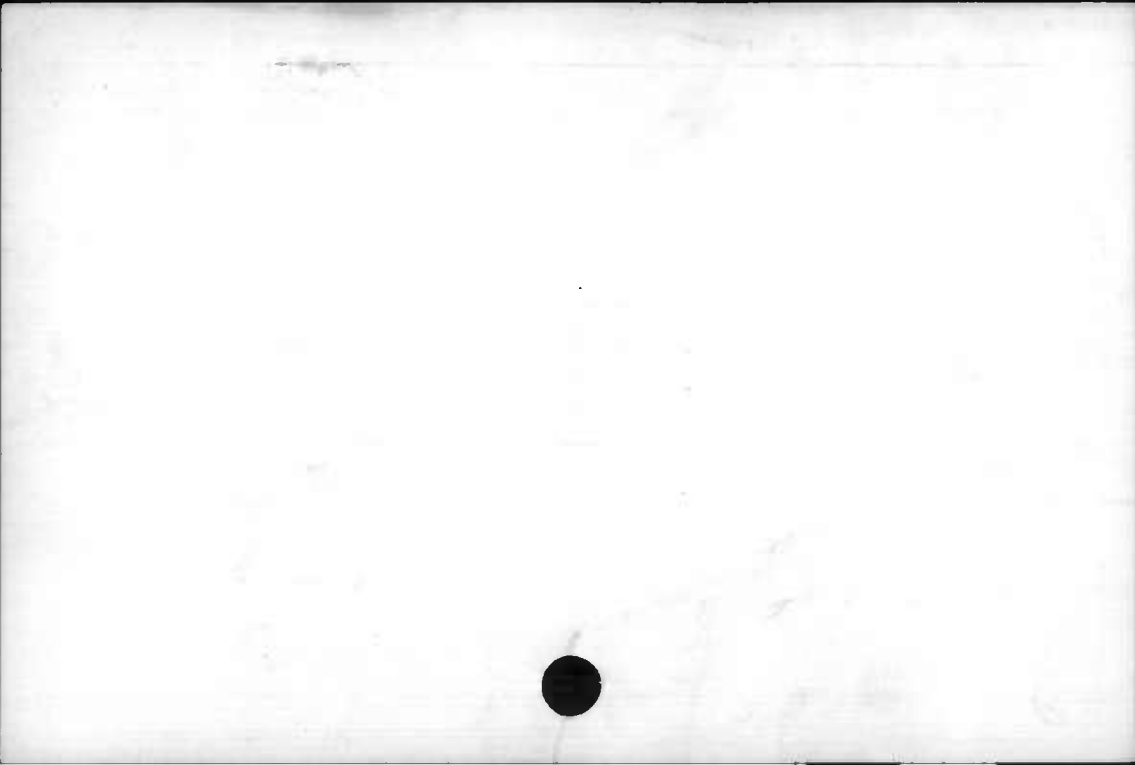
Primary Bedridden from Injury How long 2 Yrs

Immediate Ruptured aorta - shock How long 4 Days

Are the name, age, sex, color, date and place correctly given above? Ys Signature of Physician Chas. F. Goodell

Address Fredrick, md

Accident or Suicide ✓



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

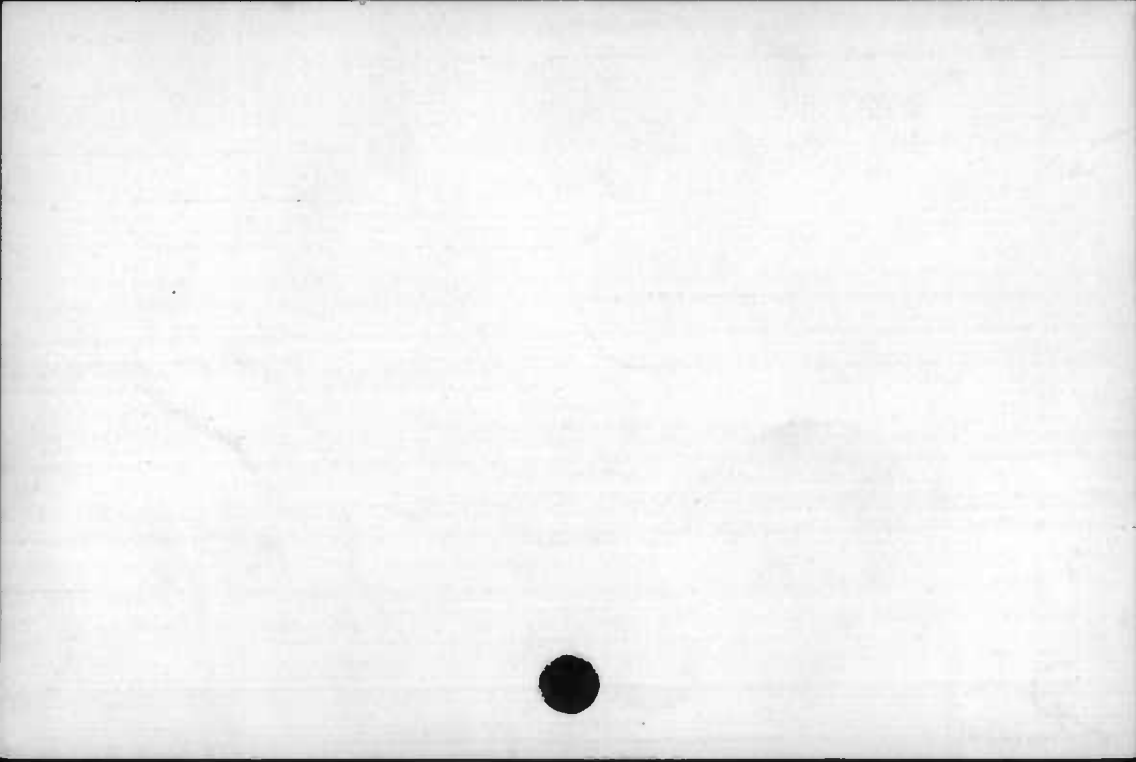
Name in Full <i>Emanuel Dusing</i>		Town <i>Myersville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Myersville</i>		Month <i>2</i>		Day <i>15</i>		Age <i>75</i>	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>15</i>		Years <i>75</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wolfsville</i>		Months <i>10</i>	
Occupation <i>Day Laborer</i>		Where Residing if not at place of death <i>Myersville</i>		Days <i>30</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Susan Dusing</i>		Father's Name <i>Isaac Dusing</i>		Father's Birthplace <i>Wolfsville</i>	
Mother's Maiden Name <i>Bettie</i>		(See name unknown)		Mother's Birthplace <i>Unknown</i>		How related to deceased <i>Wife</i>	
Name of person giving information <i>Susan Dusing</i>							

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>Unknown</i>
Immediate <i>Dilatation</i>	How long <i>Exhaustion</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Hoke</i>
	Address <i>Myersville Md.</i>
Accident or Suicide?	



Name  
in Full

(Eberhart) Lettie V.

## CERTIFICATE OF DEATH

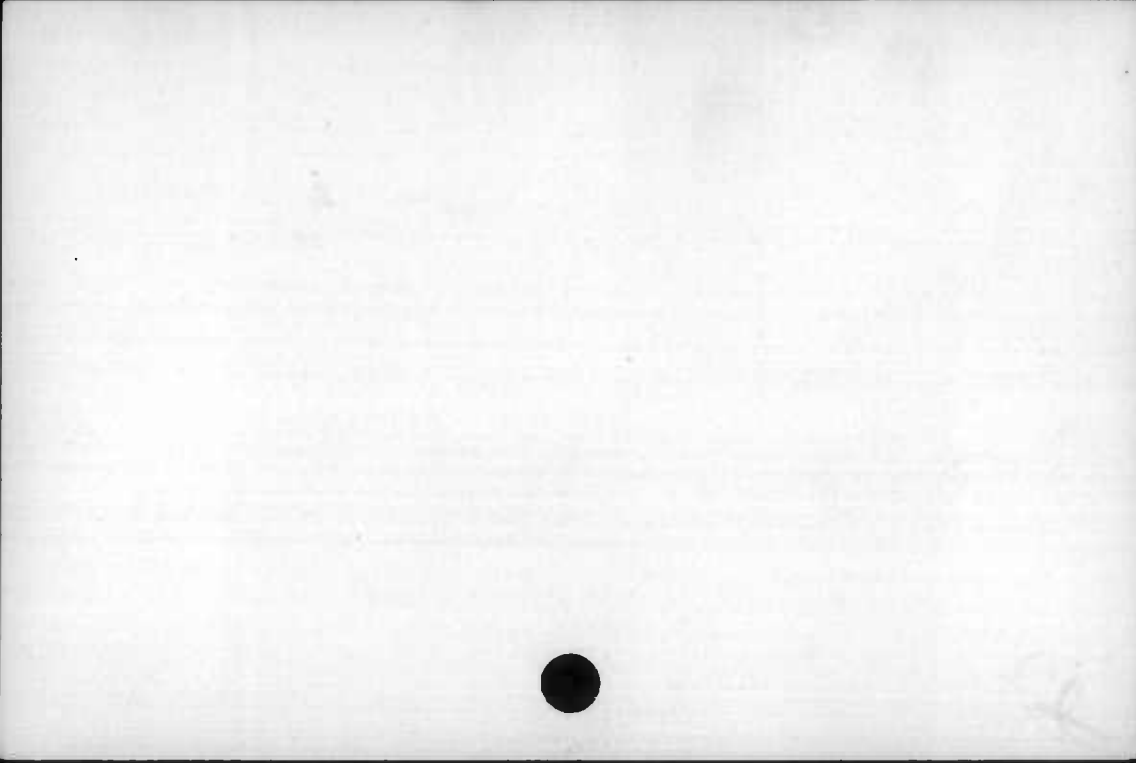
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age	<u>63</u> <small>Years</small>	<u>      </u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Frederick Co</u>
Occupation	<u>Gov. Clerk</u>		Where Residing if not at place of death <u>Frederick</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>      </u>			
Father's Name	<u>Jo B Eberhart</u>			Father's Birthplace	<u>Frederick Co</u>
Mother's Maiden Name	<u>Catharine Camshorn</u>			Mother's Birthplace	<u>      </u>
Name of person giving information	<u>Sister (Mrs L. Eberhart)</u>			How related to deceased	<u>Sister</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tumor. (Abdominal)</u>	How long	<u>6 mos</u>
Immediate	<u>Asthenia</u>	How long	<u>3 or 4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. P. Fahmy MD</u>
		Address	<u>Frederick Md</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

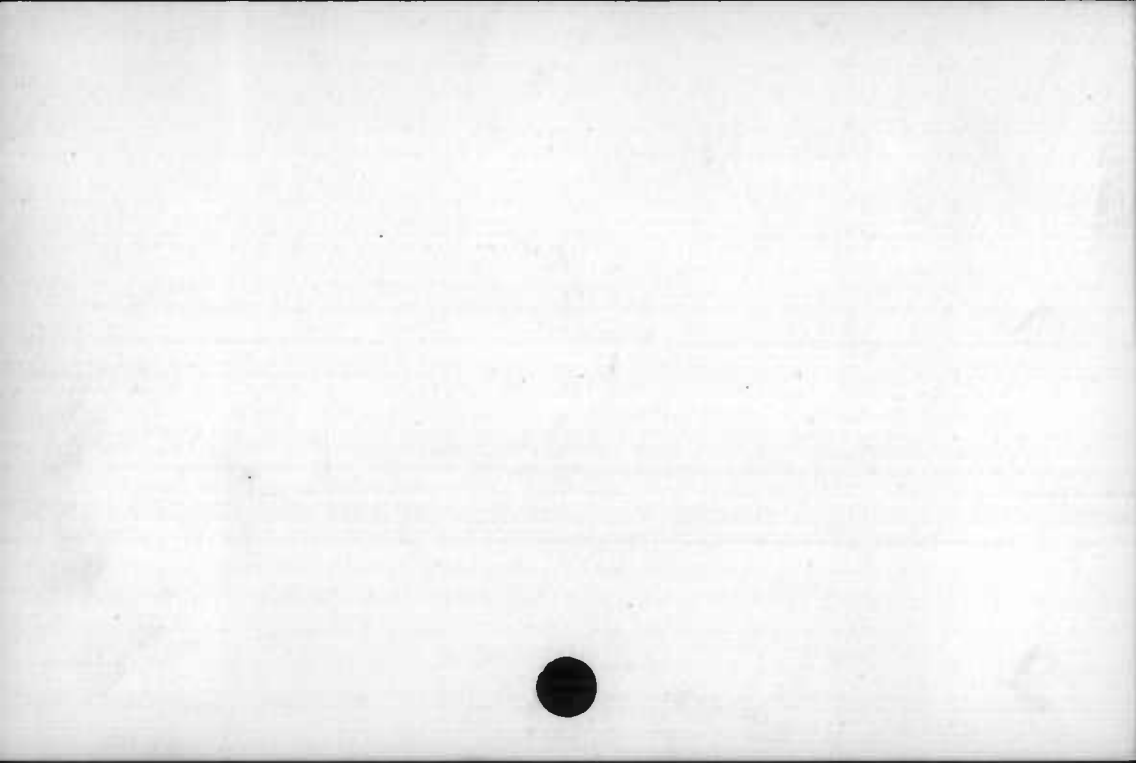
Name in Full <i>George Eissler</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>Feb</i>		Day <i>25<sup>th</sup></i>		Age <i>81</i>	
Date of death <i>1904</i>		Months <i>4</i>		Years <i>12</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Wurtemberg, Germany</i>			
Occupation <i>Dyer and Skin dresser</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Catherine Engel Feil</i>					
Father's Name <i>Not obtainable</i>		Father's Birthplace <i>Not obtainable</i>					
Mother's Maiden Name <i>Not obtainable</i>		Mother's Birthplace <i>Not obtainable</i>					
Name of person giving information <i>Daniel Eissler</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>LaBuck</i> MD
	Address <i>236 Church St</i>
	<i>Frederick md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles Feik* Town *Fredrick* County *Fredrick* MARYLAND

Died at *Fredrick Ky. Va.* Date of death *1909 Feb* Month *Feb* Day *26* Age *31* Years *31* Months *8* Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death *Waverlyville*

Married, Single or Widowed *Married* Name of Wife or Husband *Gertrude Knight*

Father's Name *Leo Webster Feik* Father's Birthplace *MD*

Mother's Maiden Name *Jamima Yarbrough* Mother's Birthplace *MD*

Name of person giving Information *Mrs. Charles Feik* How related to deceased *Wife*

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary *AD Injury* How long *57 hours*

*Fracture Bone of Skull (Accident)*

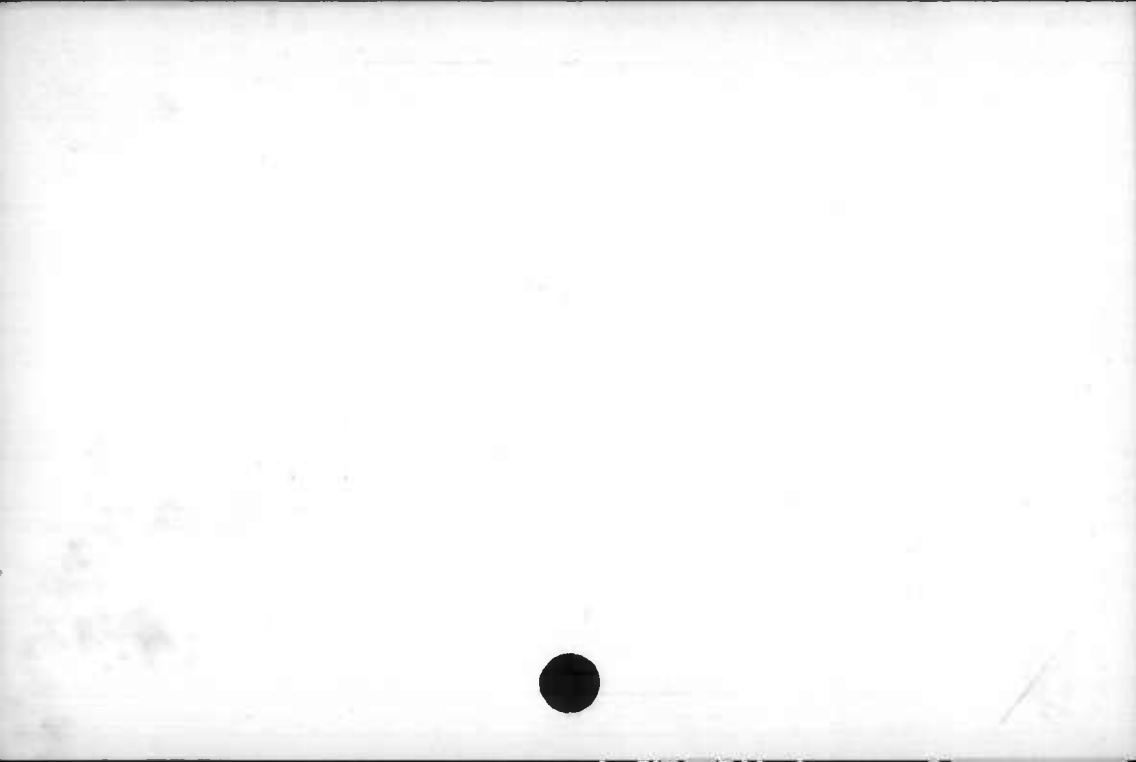
Immediate *Shock* How long *54 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. J. M. Cundy*

Address *[Redacted]*

Accident *[Redacted]*



Name  
in  
Full

William H. Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDNear Town  
Died at Frederick

County

Frederick

MARYLAND

Date  
of death 1909

Month

2

Day

4

Years

Age 64

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of death

Howard Co. Md.

Married, Single  
or Widowed

Unknown

Name of Wife or  
Husband

Unknown

Father's,  
Name

Unknown Fisher

Father's  
Birthplace

Md

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

"

Name of person giving  
Information

S. H. Gregg, Supt.

How related  
to deceased

None

## CAUSES OF DEATH

154

Primary

Senile Dementia

How long

2 or 3 years

Immediate

General Exhaustion

How long

Several months

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

L. P. Bourne M.D.  
Frederick Md

Accident or Suicide

PHYSICIAN  
OR CORONER

Interment Feb 6 - 1909

" at Poplar Springs Md

Thomas P. Rice (Shipping) F. D.

Dr Fyler Boone

Dr Goodell

Dr McCurdy

Name  
in  
Full

Clarence G. Gomis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pearl		County Frederick		MARYLAND	
Date of death	1909	Month Feb.	Day 3	Age	3	Months 4	Days 14
Sex	Male		Color or Race	Colored		Birth-place	MD
Occupation	None			Where Residing if not at place of death		Same	
Married, Single or Widowed	X		Name of Wife or Husband		X		
Father's Name	James G. Gomis				Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Susan S. Dutcher				Mother's Birthplace	" "	
Name of person giving Information	James G. Gomis				How related to deceased	Father	
CAUSES OF DEATH							

90

PHYSICIAN  
OR CORNER

Primary	Bronchitis		How long	1 or 2 months
Immediate	Pulmonary Hemorrhage		How long	About 4 or 5 min
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
Accident or Suicide		neither	Address	
			U. G. Bourne M.D. Frederick, Md	

Interment Feb 5 - 09

" at Bartonville Conn.

Thomas P. Rice F. D.

Dr Bourne

Dr Goodell

Dr B. C. Burroughs

Name  
in  
Full

Howard Lee Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

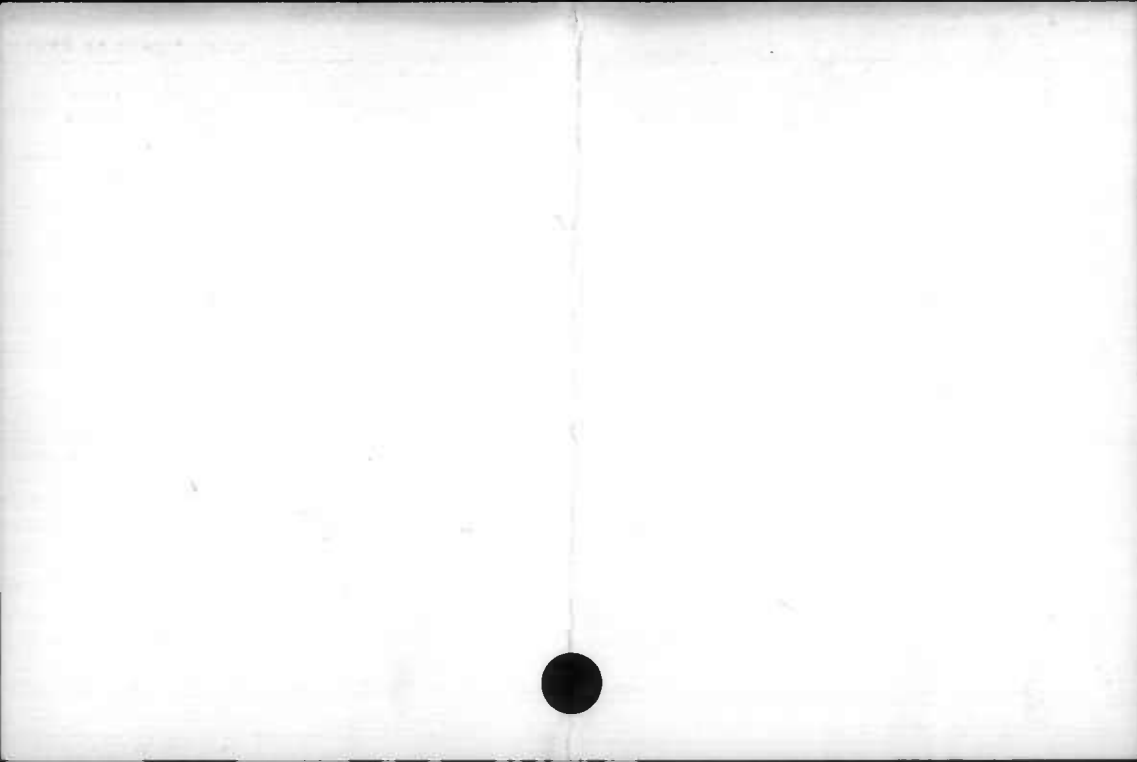
Died at <i>Indricks City</i>		Town <i>Indricks</i>		County <i>Indricks</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>2</i>	Day <i>5</i>	Age <i>41</i>	Years	Months <i>8</i>	Days <i>28</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto., Md</i>				
Occupation <i>Jewelry Salesman for dentals</i>	Where Residing if not at place of death <i>Philadelphia</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Marian Sawyer Green, Kolb</i>						
Father's Name <i>Philauder Green</i>	Father's Birthplace <i>Geneva N.Y.</i>						
Mother's Maiden Name <i>Mary Eliason</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving Information <i>Mrs. Green</i>	How related to deceased <i>wife</i>						

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Unknown</i>
Immediate <i>Uraemia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Doxey</i>
	Address <i>Indricks, Md.</i>
Accident or Suicide	



Name in Full		Susau Grassnickle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near <sup>Town</sup> <i>Carlton</i>		<sup>County</sup> <i>Frederick</i>		MARYLAND	
	Date of death	<i>1909</i>	<sup>Month</sup> <i>Feb</i>	<sup>Day</sup> <i>11</i>	<sup>Years</sup> <i>82</i>	<sup>Months</sup> <i>6</i>	<sup>Days</sup> <i>3</i>
	Sex	<i>Female</i>		<sup>Color or Race</sup> <i>white</i>	<sup>Birth-place</sup> <i>Marysville Washington Co Md</i>		
	Occupation	<i>Housewife</i>		<sup>Where Residing if not at place of death</sup>			
	Married, Single or Widowed	<i>Widowed</i>		<sup>Name of Wife or Husband</sup> <i>Daniel Grossnickle</i>			
	Father's Name	<i>Frederick Laopold</i>			<sup>Father's Birthplace</sup>	<i>Unknown</i>	
	Mother's Maiden Name	<i>Mary Deernbaugh</i>			<sup>Mother's Birthplace</sup>	<i>Unknown</i>	
	<sup>Name of person giving information</sup>	<i>C. H. Grossnickle</i>			<sup>How related to deceased</sup>	<i>Son</i>	
	CAUSES OF DEATH						(112)
PHYSICIAN OR CORONER	<sup>Primary</sup>	<i>Senile Cirrhosis of Liver</i>				<sup>How long</sup>	<i>Two months</i>
	<sup>Immediate</sup>					<sup>How long</sup>	
	<sup>Are the name, age, sex, color, date and place correctly given above?</sup>				<sup>Signature of Physician</sup> <i>A. J. Smith</i>		
	<i>Yes.</i>				<sup>Address</sup> <i>Jefferson Md</i>		
		<sup>Accident or Suicide?</sup>					



Name  
in  
FullEdward ~~Gubler~~ Gubler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

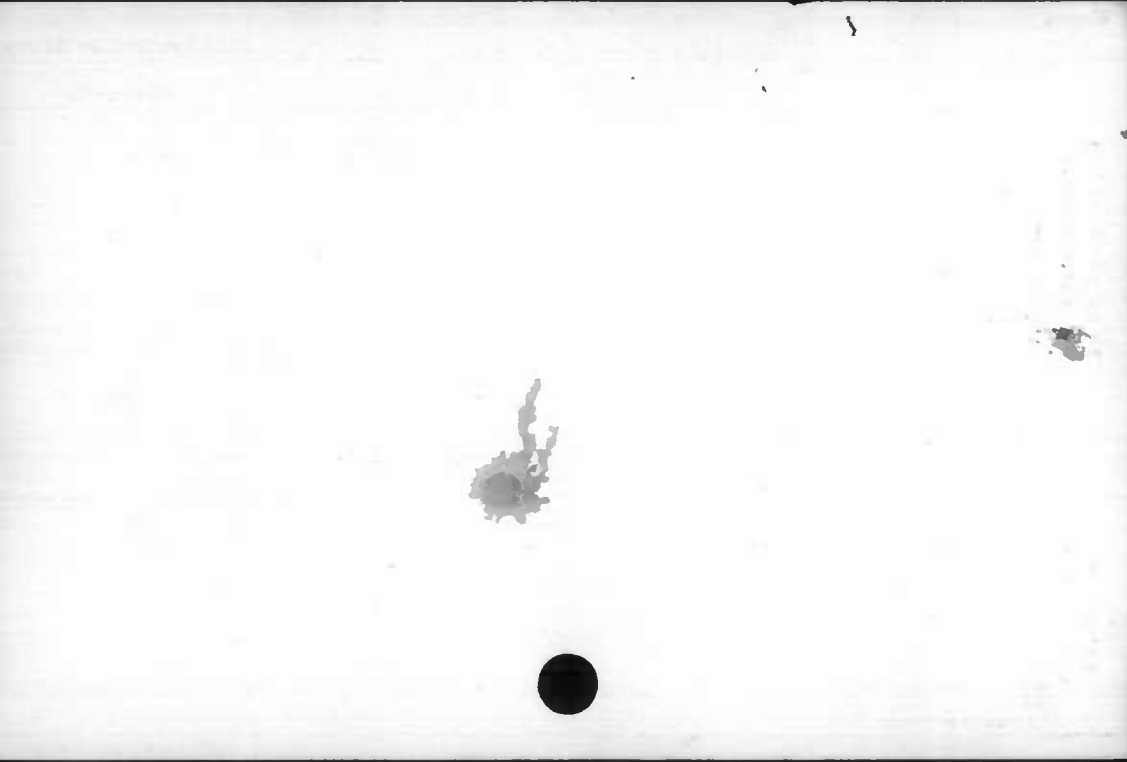
Died at <i>State</i> <sup>Town</sup> <i>Shuttrin</i> <sup>County</sup> <i>Fredrick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>14</i>	Years <i>41</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Switzerland</i>	
Occupation <i>Dyer &amp; Scourer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Gubler</i>		
Father's Name <i>William Gubler</i>	Father's Birthplace <i>Switzerland</i>		
Mother's Maiden Name <i>Margaret Buchenbunger</i>	Mother's Birthplace <i>Switzerland</i>		
Name of person giving Information <i>Edward Gubler</i>	How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr.</i>
Immediate <i>Cardiac Dehydration</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Victor F. Cullen</i>
<i>Yes.</i>	Address <i>State Shutterin Fredrick Co. Maryland.</i>
Accident or Suicide <i>—</i>	



Name  
in  
Full

Daniel

Hale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *near Pileville* <sup>County</sup> *Fredauct* **MARYLAND**

Date of death 190 <sup>9</sup> <sup>Month</sup> *Feb.* <sup>Day</sup> *16* Age <sup>Years</sup> *75* <sup>Months</sup> *+* <sup>Days</sup> *-*

Sex *male* Color or Race *Colored* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Don't know*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving Information *Mrs. Walter* How related to deceased *not at all*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

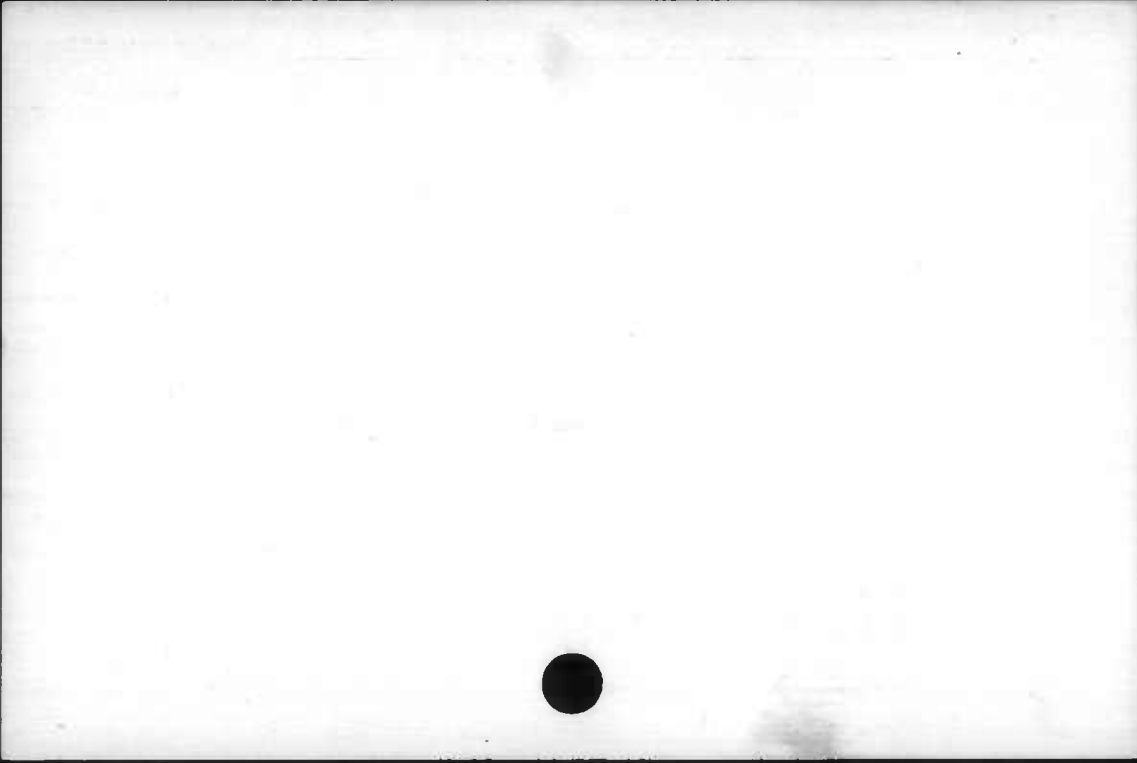
Primary *Old age* How long

Immediate *General debility* How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Levin Kent. Hunt* Address *Baltimore Co*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

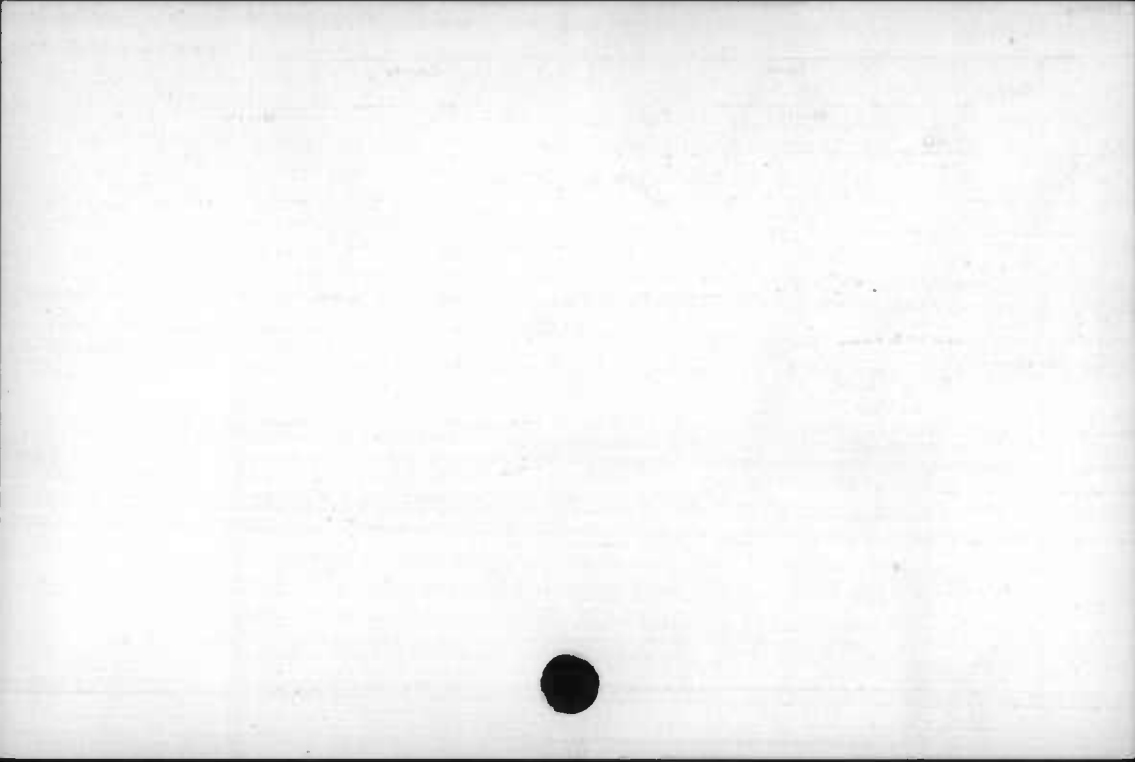
Died <i>near Tragarville</i>		Town <i>Tragarville</i>		County <i>Fredricks</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb'y</i>	Day <i>10</i>	Age	Years	Months	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fredk. Co., Md.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Harvey Hargett</i>			Father's Birthplace <i>Fredk. Co., Md.</i>				
Mother's Maiden Name <i>Mary E. Davis</i>			Mother's Birthplace <i>Fredk. Co., Md.</i>				
Name of person giving information <i>Harvey Hargett</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Aspaty's</i>	How long
Immediate <i>Asthemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Needles</i>
	Address <i>Fredricks, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Ezra Harshman

## CERTIFICATE OF DEATH

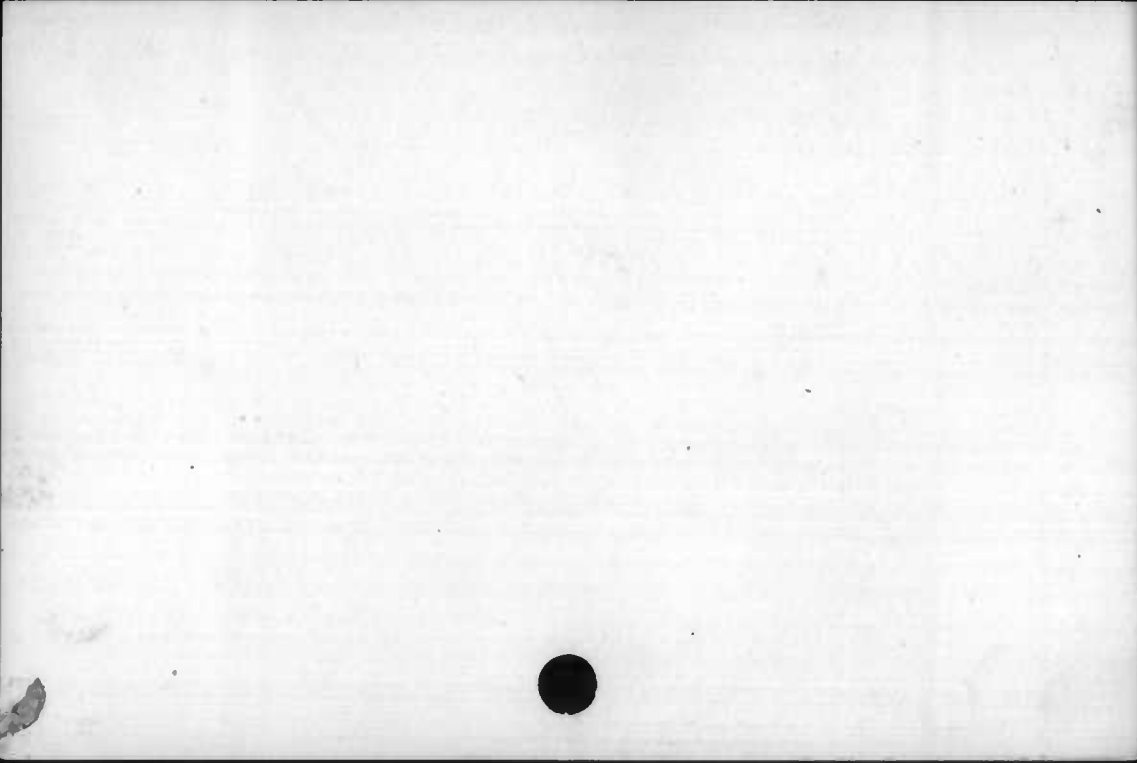
MARYLAND

Died at <sup>Town</sup> *Hallsville*<sup>County</sup> *Fredrick*Date of death <sup>Month</sup> *Feb.* <sup>Day</sup> *4* <sup>Years</sup> *62* <sup>Months</sup> *8* <sup>Days</sup> *22*Sex *Male* Color or Race *White* Birth-place *Fredrick*Occupation *Farmer* Where Residing if not at place of death *Hallsville*~~Married, Single or Widowed~~ *Widowed* Name of Wife or ~~Husband~~ *Louisa C. Leatherman*Father's Name *John Harshman* Father's Birthplace *Fredrick Co.*Mother's Maiden Name *Elizabeth Gassnickle* Mother's Birthplace *Fredrick Co.*Name of person giving information *Jacob L. Moser* How related to deceased *Brother-in-law*

## CAUSES OF DEATH

64

Primary *Complaining a long time* How long *Several Years.*Immediate *Found dead in bed. Possibly Apoplexy -* How long *Sudden.*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Ralph Browning*Address *Wyersville Md*~~Accident or Suicide?~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

Charles Harman Hedges

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1909	Month	2	Day	27
Age	37	Years		Months	—
Sex	Male	Color or Race	White	Birth-place	Frederick Co. Md
Occupation	Farm-Hand		Where Residing if not at place of death	Same	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Isaac Hedges			Father's Birthplace	Frederick Co. Md
Mother's Maiden Name	Sophia E. Roth			Mother's Birthplace	Virginia
Name of person giving Information	Isaac Hedges			How related to deceased	Father

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Suffered by Cardiac Lesion		How long	after death
Immediate	acute indigestion		How long	1 Hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
yes			F. H. Hedges Frederick!	
Accident or Suicide				

Interment Nov 2 - 1909  
" at Mt Olivet Cemetery  
Thomas P. Rice F. A.

Dr. Hedges

Dr. McCurdy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Dora Elizabeth Herbst

Town

County

MARYLAND

Died at *Wolfsville**Frederick*

Date

Month

Day

Years

Months

Days

of death *1909 Feb**16th*

Age

*17**8**4*

Sex

*Female*Color or  
Race*White*Birth-  
place*Ford Leo*

Occupation

*House servant*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*John Herbst*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Lydia A. Pryor*Mother's  
Birthplace*Maryland*Name of person giving  
Information*John Herbst*How related  
to deceased*Father*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

*3 days*

Immediate

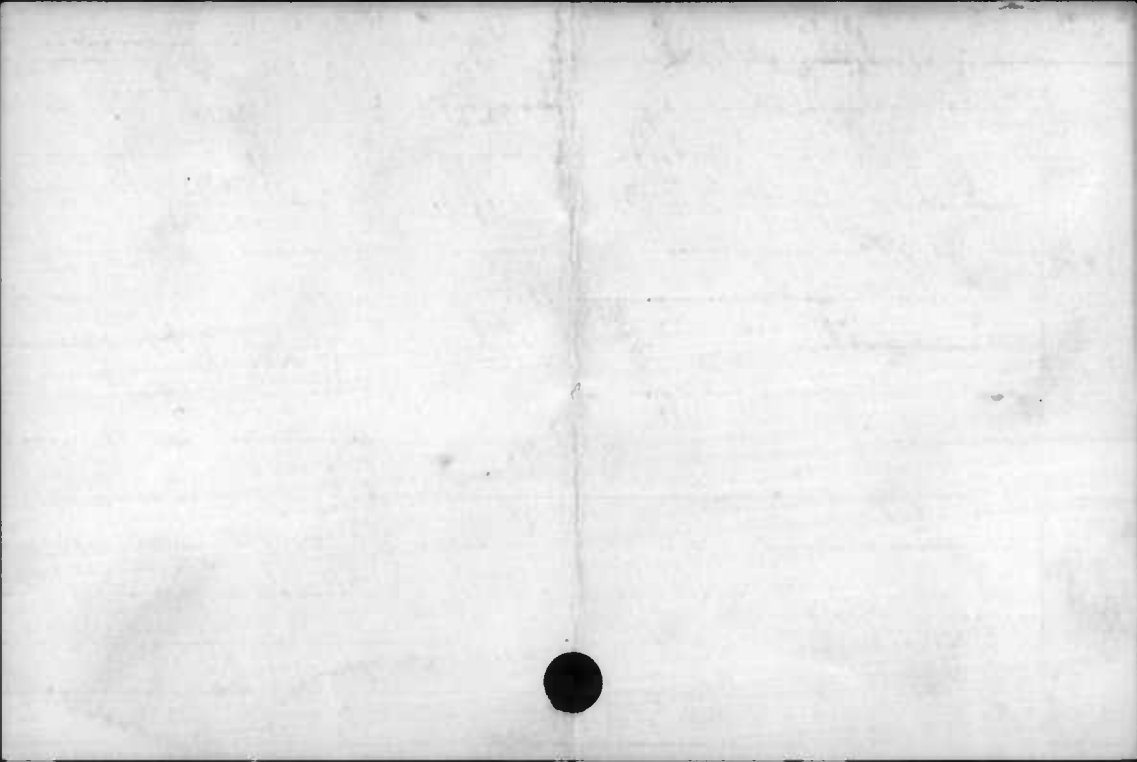
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*W. C. Wheeler M.D.*

Address

*Boonville  
Washington Leo*

Accident or Suicide?



Name  
In  
Full

Mary Ethel Holsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

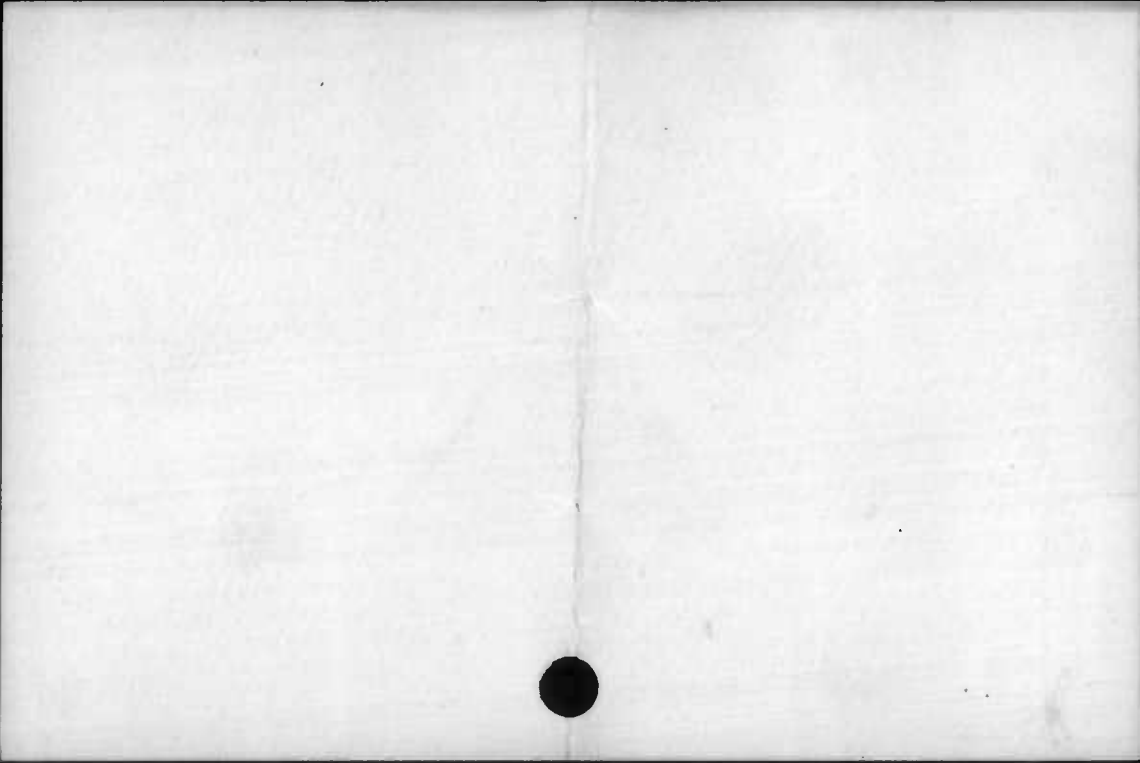
Died at		Tcwn		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		2	26	20	X	X	
Sex	Female		Color or Race	Colored		Birth-place	Montgomery
Occupation	Daughter in home			Where Residing if not at place of death		Near Ridgville	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harry H. Holsey				Father's Birthplace	Montg Co	
Mother's Maiden Name	Harriett Bowie				Mother's Birthplace	" " "	
Name of person giving information	H. H. Holsey				How related to deceased	Father	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	7 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			B H Lodd	
			Ridgville	
			Md.	
Accident or Suicide?				



Name  
in  
Full

Olivia Ann Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fredericks		Fredericks		MARYLAND					
Date of death		1909	Month	2	Day	14	Age	39	Years	Months	Days
Sex	Female		Color or Race	Black		Birth-place	Fredericks				
Occupation	Maid		Where Residing if not at place of death		Same						
Married, Single or Widowed	Single		Name of Wife or Husband								
Father's Name	Alexander Johnson					Father's Birthplace	Virginia				
Mother's Maiden Name	Mary E. Boone					Mother's Birthplace	F. Co. Md.				
Name of person giving Information	Mary E. Johnson					How related to deceased	Mother				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	Three years	
Immediate	Anthrax		How long	One month	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		B. Thomas, M.D.
			Address		Frederick Md.
Accident or Suicide		~ ~ ~			

Interment Feb 16 - 1909

" at Greenmount Cemetery

Thomas P. Rice F. D.

Dr. B. O. Thomas

Dr Mc Gurdy,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah E. Johnson</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND					
Died at <i>Frederick</i>		Month <i>2</i>		Day <i>25</i>		Years <i>39</i>		Months <i>11</i>		Days <i>25</i>	
Date of death <i>1909</i>		Age <i>39</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Frederick</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>		Married, Single or Widow <i>Married</i>		Name of Wife or Husband <i>Lewis Johnson</i>		Father's Name <i>Henry Lee</i>		Father's Birthplace <i>Frederick Co Md</i>	
Mother's Maiden Name <i>Beccelia Norris</i>		Mother's Birthplace <i>" " "</i>		Name of person giving Information <i>Mrs Beccelia Lee</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Parenchymatous Nephritis</i>		How long <i>Four months</i>	
Immediate <i>Athens</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>B. Thomas, M.D.</i>	
Accident or Suicide <i>---</i>		Address <i>Frederick, Md</i>	

Interment Feb 26- 1909

" at Laboring Sons Cemetery

Thomas P. Rice F.D.

Dr. B. O. Thomas

Dr. McCurdy,

Name in Full		Edward W. Kessler				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Jefferson		County			
		Friederick		Maryland					
		Date of death	1909	Month	2	Day	7	Age	68
		Sex	Male	Color or Race	White	Birth-place	Near Jefferson	Months	Days
		Occupation	Laborer	Where Residing if not at place of death		Jefferson			
		Married, Single or Widowed	Married	Name of Wife or Husband		Albinah Ann Kessler			
		Father's Name	Andrew Kessler	Father's Birthplace		Near Jefferson			
		Mother's Maiden Name	Louetta Lamm	Mother's Birthplace					
		Name of person giving information	R. C. Etchison		How related to deceased		(60)		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Paralysis				Four days			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician				D. H. Boteler, M.D.			
				Address		Jefferson Fred			
						County Md			
Accident or Suicide?									



Name  
in  
Full

Raymond Edward Kidwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

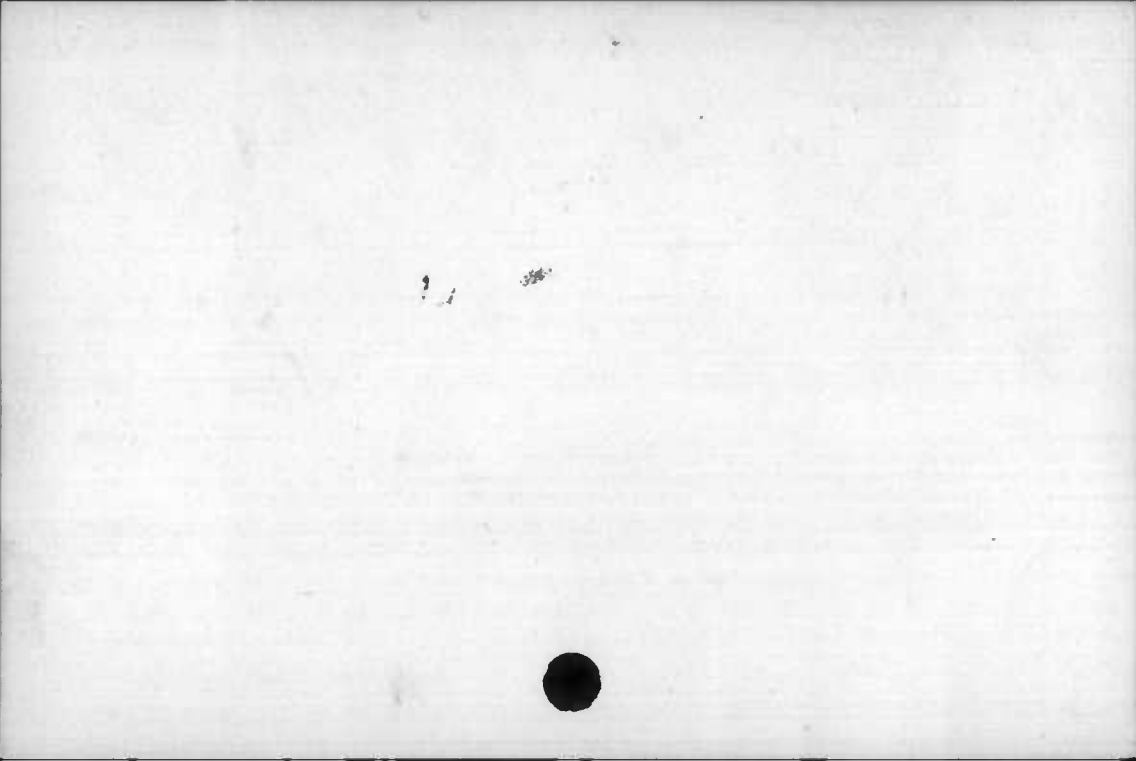
Died at		Town Brimmworth		County Frederick		MARYLAND	
Date of death		1909	Month Feb.	Day 10	Age 17	Years 5	Months 28
Sex male		Color or Race white		Birth- place md			
Occupation Clerk				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wiford D. Kidwell				Father's Birthplace	
Mother's Maiden Name		Marilyn E. Sigafos				Mother's Birthplace	
Name of person giving information		Wiford D. Kidwell				How related to deceased	
						Father	

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary	Diabetes	How long	1 yr
Immediate	Aspiration	How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jimi West, Health Officer	
No physician in attendance for 1 month before death		Address	
Accident or Suicide?		Brimmworth Frederick Co	



Name  
in  
Full

## CERTIFICATE OF DEATH

David Henry Koofle

Town

County

MARYLAND

Died at *Balivern**Fredrick*

Date

Month

Day

Years

Months

Days

of death *1909 Feb**13*

Age

*80**11**13*

Sex

*Male*Color or  
Race*White*Birth-  
place*Fredrick Co Md*

Occupation

*Blacksmith*Where Residing if not  
at place of death*✓*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Anne Catharine Koofle*Father's  
Name*Daniel Koofle of Jr*Father's  
Birthplace*Fredk Co*Mother's  
Maiden Name*Annie Flook*Mother's  
Birthplace*Fredk Co*Name of person giving  
Information*Simon Koofle*How related  
to deceased*Son*

## CAUSES OF DEATH

*65*

Primary

*Softening of Brain*

How long

*Several years*

Immediate

*Paralysis + exhaustion*

How long

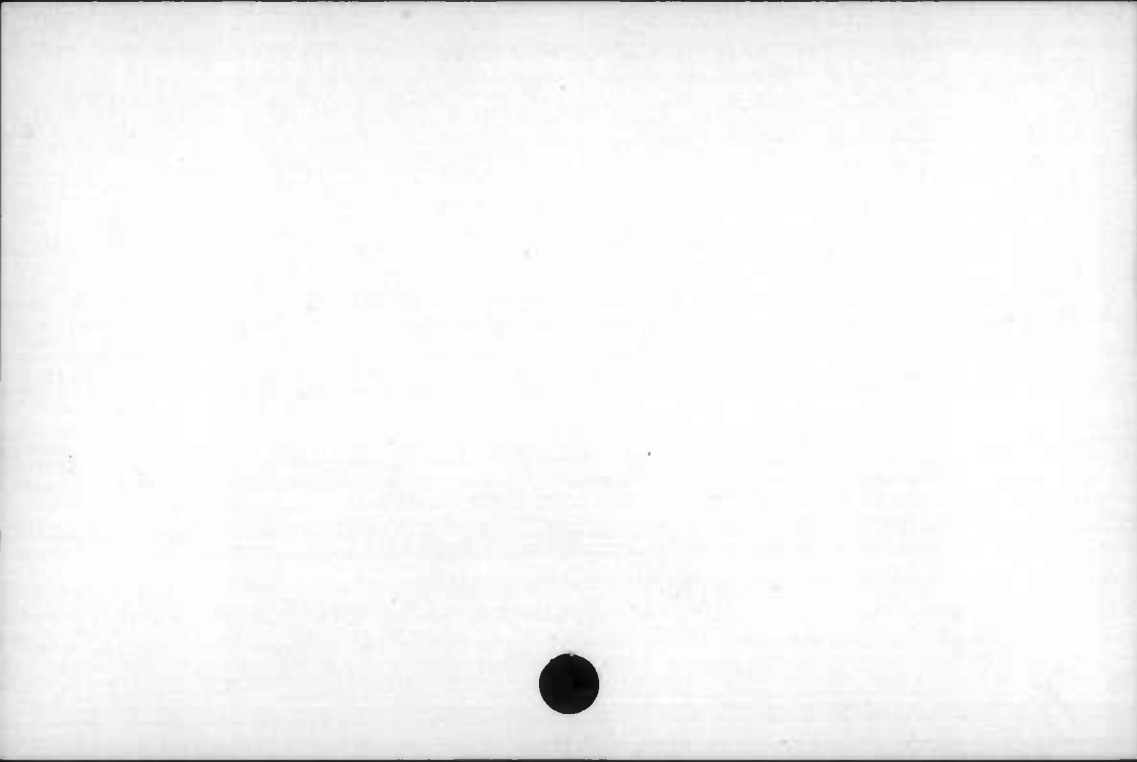
*6 wks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*E L Buckley*

Address

*Middletown*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Andrew Lambert*

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 1909 Month *2* Day *21* Age *77* Years Months *11* Days *17*

Sex *Male* Color or Race *White* Birth-place *Fredericks*

Occupation *Carpenter* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *John A. Lambert* Father's Birthplace *Fredericks*

Mother's Maiden Name *Harriet Shevill* Mother's Birthplace *" "*

Name of person giving information *Mary E. Bartgis* How related to deceased *Sister*

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *arterio-sclerosis* How long *2 years*

Immediate *Cerebral Hemorrhage* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. H. H. Hedges* Address *Frederick*

Accident or Suicide *~ ~ ~*

Interment Feb 23, 1909

" at Mt Olivet Cemetery

Thomas P. Rice F. & I.

Dr Hedges

Dr McCurdy

Name  
in  
Full

Susan Abigail Marken

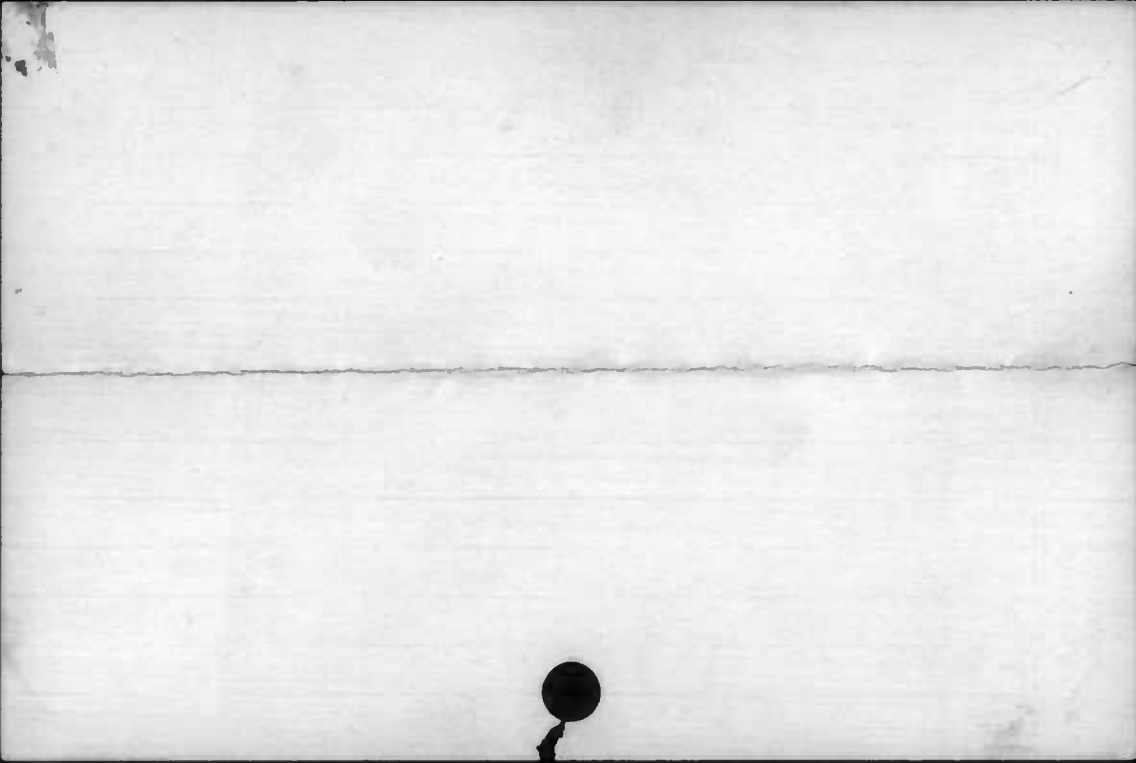
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wolfsville</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i>	<i>Feb</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>2</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>21</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Wolfsville Md</i>	
Married, Single or Widowed <i>Child</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>James Marken</i>			Father's Birthplace <i>Wolfsville Md</i>		
Mother's Maiden Name <i>George A Pryor</i>			Mother's Birthplace <i>Wolfsville Md</i>		
Name of person giving information <i>James Marken</i>			How related to deceased <i>Father</i>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">145</div>					

PHYSICIAN  
OR CORONER

Primary <i>Chumphysias</i>	How long <i>5 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. A. Barnes</i>
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

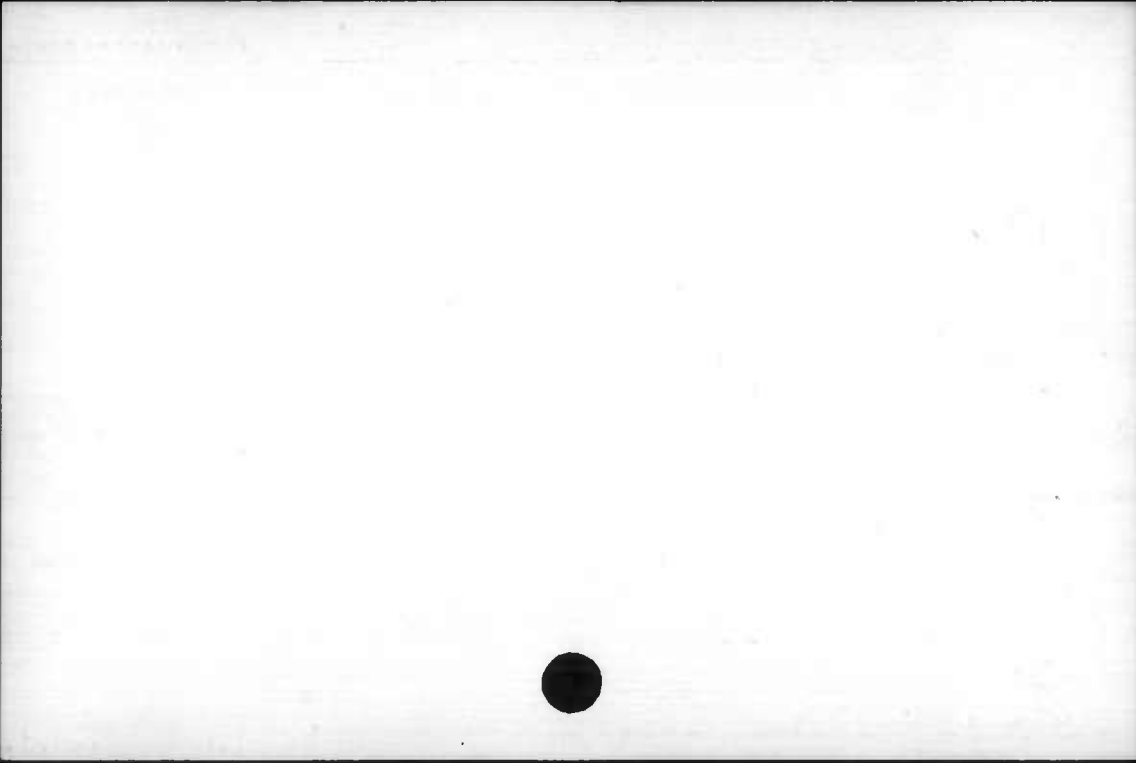
Died at <i>Monticure Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	2	Day	26	Age	84
Sex	Male	Color or Race	White	Birth-place	Frederick Co.	Months	Unknown
Occupation	Pauper inmate		Where Residing if not at place of death				
Married, Single or Widowed	Widower		Names of Wife or Husband				
Father's Name	Unknown		Father's Birthplace				
Mother's Maiden Name	Unknown		Mother's Birthplace				
Name of person giving Information	Hospital records.		How related to deceased				

## CAUSES OF DEATH

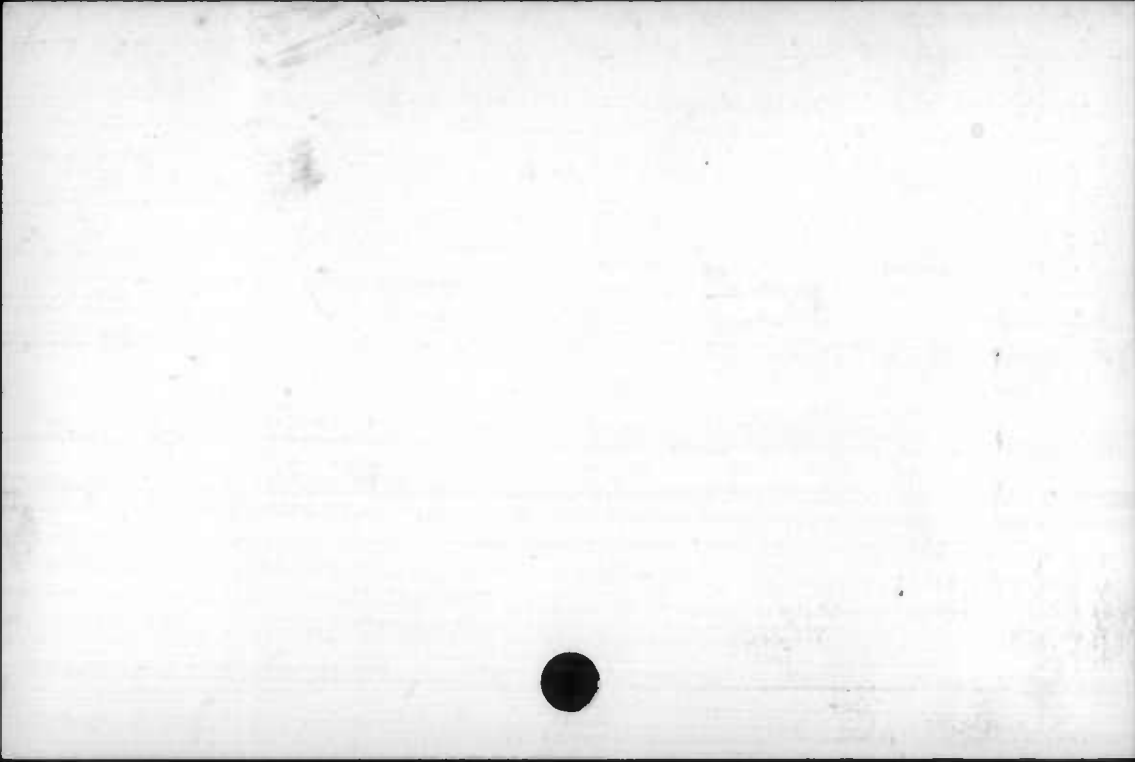
154

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>2 yr</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>R. S. Lyson,</i>
		Address	<i>Frederick,</i>
			<i>MD.</i>
Accident or Suicide <input type="checkbox"/>			



Name in Full		Albert L. Moxley No. 4				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Plane No. 4</i>		Town <i>No. 4</i>		County <i>Frederick</i>	
		Date of death <i>1909</i>		Month <i>2</i>		Day <i>6</i>	
		Age <i>21</i>		Years <i>21</i>		Months <i>4</i>	
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Fredk. Co. Md</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>C. William Moxley</i>		Father's Birthplace <i>Fredk. Co. Md</i>					
Mother's Maiden Name <i>Mella Anderson</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>C. William Moxley</i>		How related to deceased <i>Father</i>					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 years</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M. D</i>			
		Address <i>New Market</i>					
Accident or Suicide? <i>no</i>		Address <i>Fredk. Co., Md</i>					



Name

in  
Full

## CERTIFICATE OF DEATH

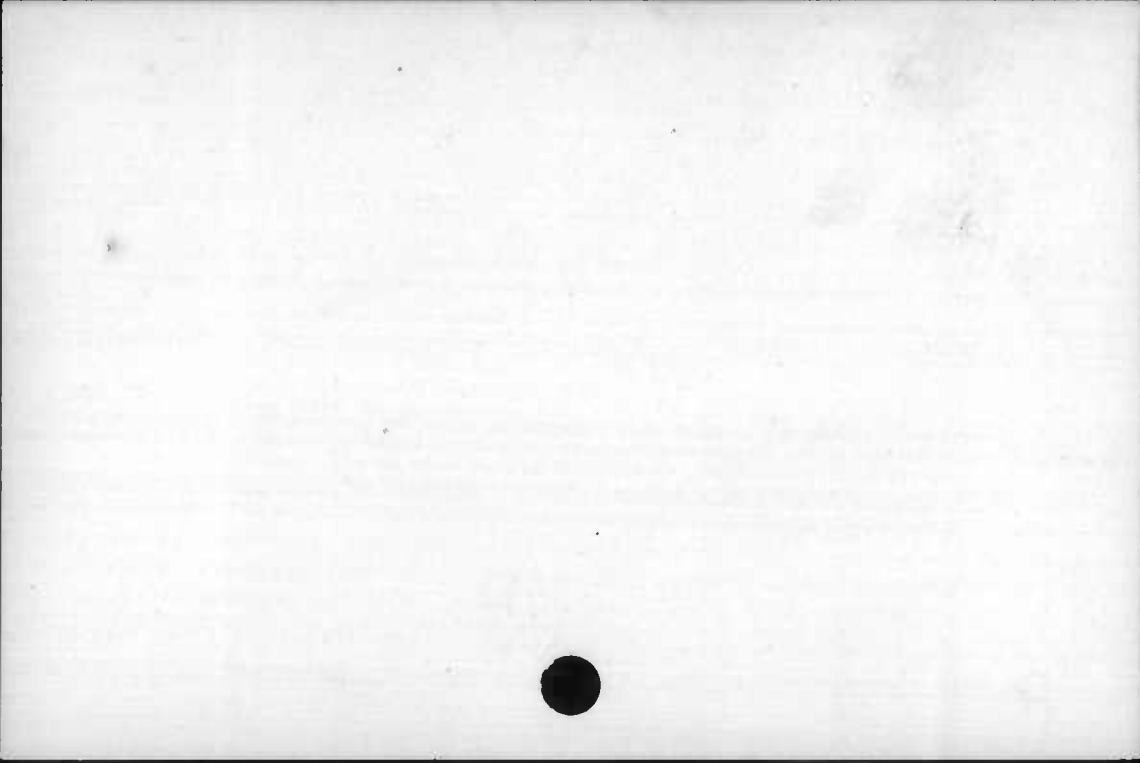
Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Feb</u>	Day	<u>26</u>
Age	<u>—</u>	Years	<u>—</u>	Months	<u>2</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Frederick md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>at place of death</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Wm. J. Murphy</u>			Father's Birthplace	<u>Frederick Co. md</u>
Mother's Maiden Name	<u>Nettie Haller</u>			Mother's Birthplace	<u>Frederick Co md</u>
Name of person giving information	<u>Nettie Haller</u>			How related to deceased	<u>mother</u>

## CAUSES OF DEATH

90

Primary	<u>Capillary Bronchitis</u>	How long	<u>5 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Labner md</u>	
<u>yes</u>		Address <u>22 E Church St</u>	
Accident or Suicide? <u>neither</u>		<u>Frederick md</u>	

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Edward P. Murray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND		
	Date of death <u>1909</u>	<u>Feb</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>63</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>17</u> <small>Days</small>	
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Shaker Island N.Y.</u>			
	Occupation <u>Painter</u>		Where Residing if not at place of death <u>Resides at place of death</u>				
	Married, Single or Widowed <u>widower</u>	Name of Wife or <del>husband</del> <u>Anna maddock</u>					
	Father's Name <u>James Murray</u>			Father's Birthplace <u>Brooklyn N.Y.</u>			
	Mother's Maiden Name <u>not obtainable</u>			Mother's Birthplace <u>" "</u>			
	Name of person giving information <u>Annie Murray</u>			How related to deceased <u>Daughter</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">54</div>							
PHYSICIAN OR CORONER	Primary <u>Pernicious Anaemia</u>			How long <u>6 months</u>			
	Immediate <u>Exhaustion</u>			How long <u>2 weeks</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Sabree M.D.</u>			
				Address <u>23 E. Church St</u> <u>Frederick Md</u>			
	Accident or Suicide? <u>neither</u>						

41



Name  
in  
Full

Barbara Ann Nicodemus

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

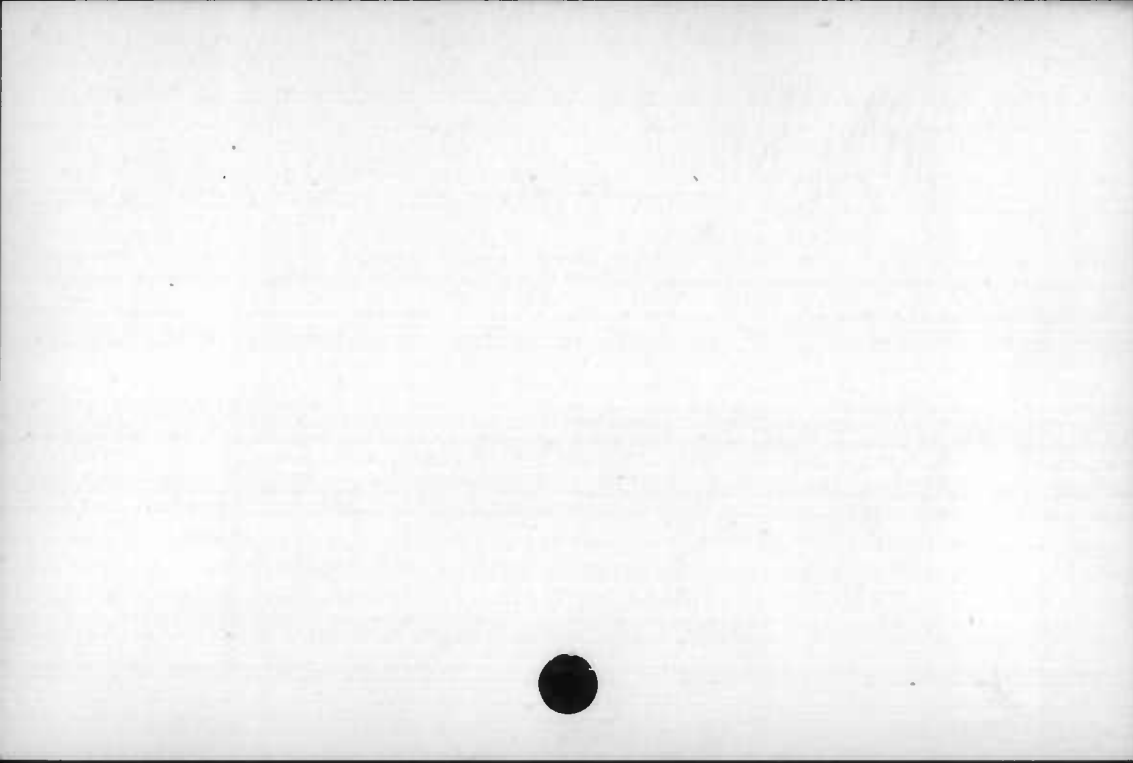
Died at <i>Buckeystown</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>July</i>	Day <i>3</i>	Age <i>72</i>	Months <i>11</i> Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Med</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Augustus W. Nicodemus</i>				
Father's Name <i>John Trelton</i>		Father's Birthplace <i>Med</i>			
Mother's Maiden Name <i>Willhide</i>		Mother's Birthplace <i>Med</i>			
Name of person giving information <i>A. W. Nicodemus</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

53

PHYSICIAN  
OR CORONER

Primary	<i>Leukemia</i>	How long	<i>2 yr -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. Clyde Routsen</i>	
		Address <i>Buckeystown</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Barbara Ann Muse

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Brunswick <sup>County</sup> Frederick MARYLAND

Date of death 1909 <sup>Month</sup> Feb <sup>Day</sup> 13 Age <sup>Years</sup> 84 <sup>Months</sup> - <sup>Days</sup> -

Sex Female Color or Race white Birth-place J<sup>d</sup>

Occupation None Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Joe Muse

Father's Name Wm Baggett Father's Birthplace J<sup>d</sup>

Mother's Maiden Name Betsey Mother's Birthplace J<sup>d</sup>

Name of person giving information How related to deceased

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Pneumonia How long 6 days

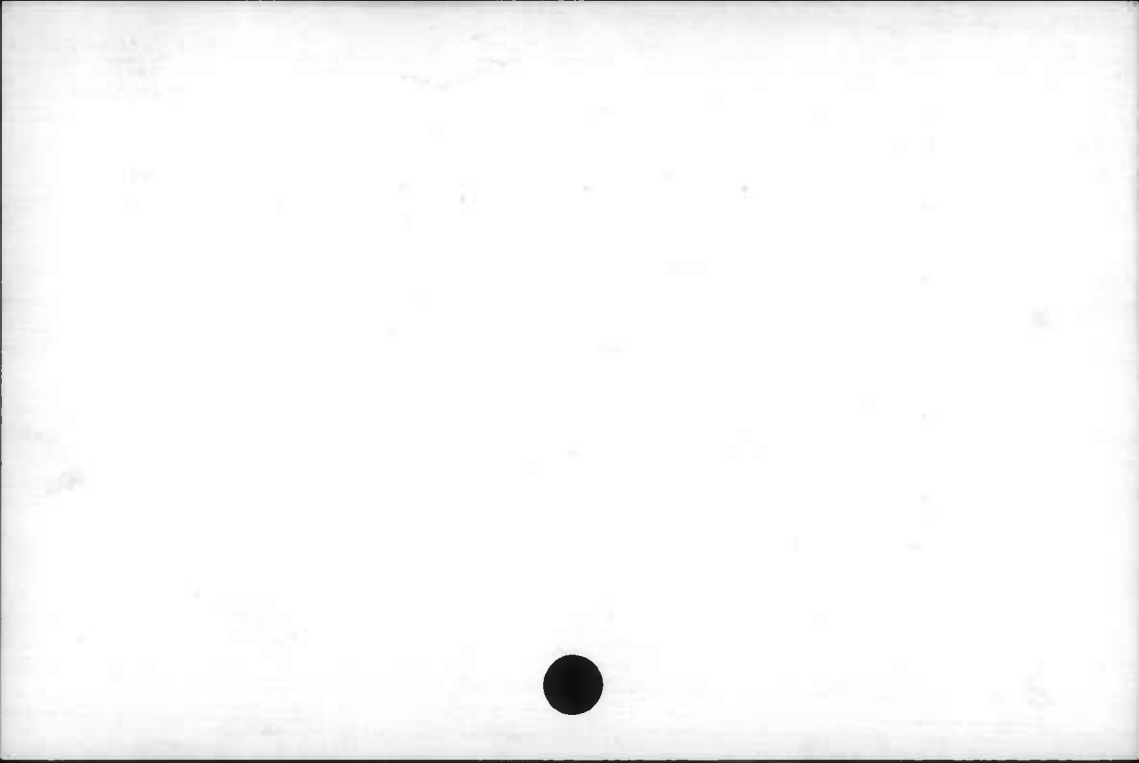
Immediate Old age

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin West

Address Brunswick, Sussex Co.

Assault or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDate  
of death

1909

Month

2

Day

14

Age

56

Years

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Virginia

Occupation

None

Where Residing if not  
at place of death

Frederick

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Rachel Butler

Father's  
Name

John Page

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Unknown

Mother's  
BirthplaceName of person giving  
Information

Rachel Page

How related  
to deceased

Wife

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paraplegia

How long

Several years

Immediate

General Exhaustion

How long

Several weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

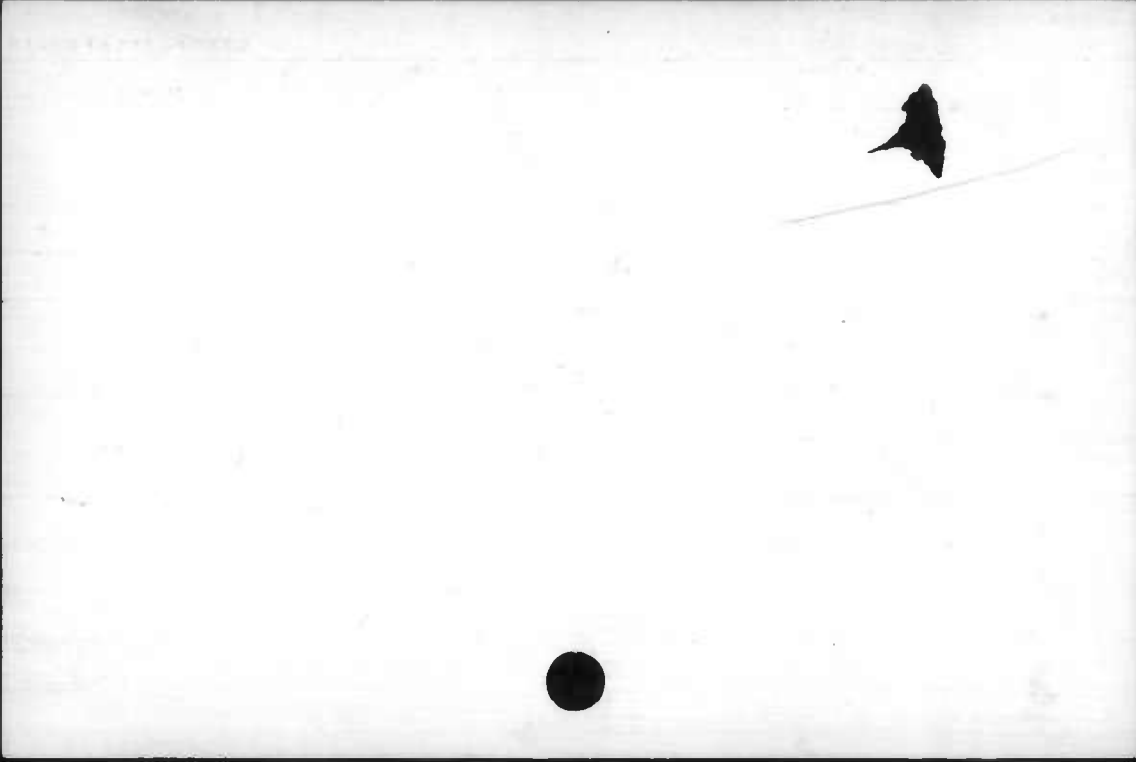
W. E. Bourne, M.D.

Address

Frederick, Md.

Accident or Suicide

~ ~ ~



Name  
in  
Full

Mrs. Elsie E. Pendergast

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>City Hospital</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup> <i>Frederick</i>		MARYLAND		
Date of death	1909	Month	February	
		Day	15	
		Years	30	
		Months	6	
		Days	17	
Sex	Female		Color or Race	White
Birth-place	Mt. Airy			
Occupation	N.W.		Where Residing if not at place of death	Near New Market
Married, Single or Widowed	Married		Name of Wife or Husband	W. W. Pendergast
Father's Name	Wm. H. Pendergast		Father's Birthplace	Mt. Airy
Mother's Maiden Name	Emily Vansant		Mother's Birthplace	Luray, Va.
Name of person giving information	H. H. Pendergast		How related to deceased	Husband

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary	<i>Appendicitis</i>	How long	<i>5 days</i>
Immediate	<i>Peritonitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>T. B. Johnson.</i>	
		Address	
		<i>Frederick, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

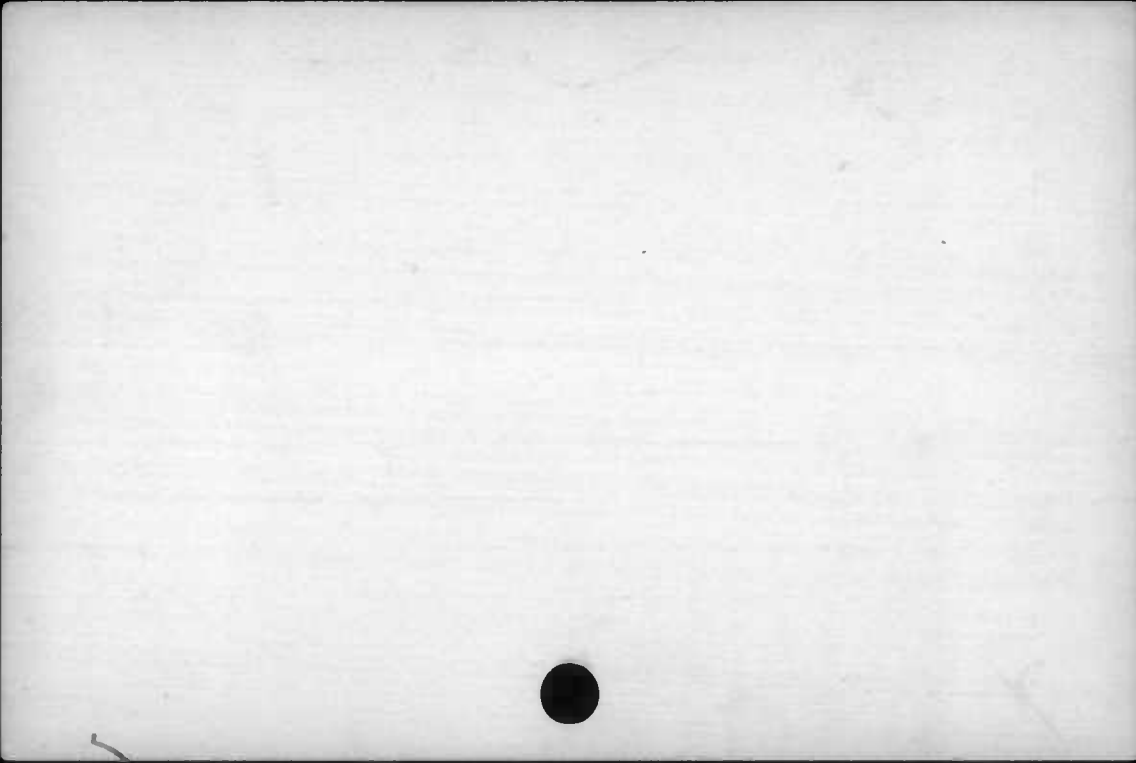
Died at <i>Waltersville</i>		Town <i>Waltersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1909	Month <i>Feb</i>	Day <i>24</i>	Age <i>one week</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Waltersville</i>				
Married, Single or Widowed <i>x</i>			Occupation <i>y</i>				
Name of Wife or Husband <i>x</i>							
Father's Name <i>Charles M. Ramaburg</i>				Father's Birthplace <i>Lewistown, Md.</i>			
Mother's Maiden Name <i>Lillie Staley</i>				Mother's Birthplace <i>Yellow Springs, Md.</i>			
Name of person giving information <i>D. J. Nicodemus</i>				How related to deceased <i>In no way</i>			

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	How long <i>one week</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Nicodemus</i>
	Address <i>Waltersville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Margaret M. Beid

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

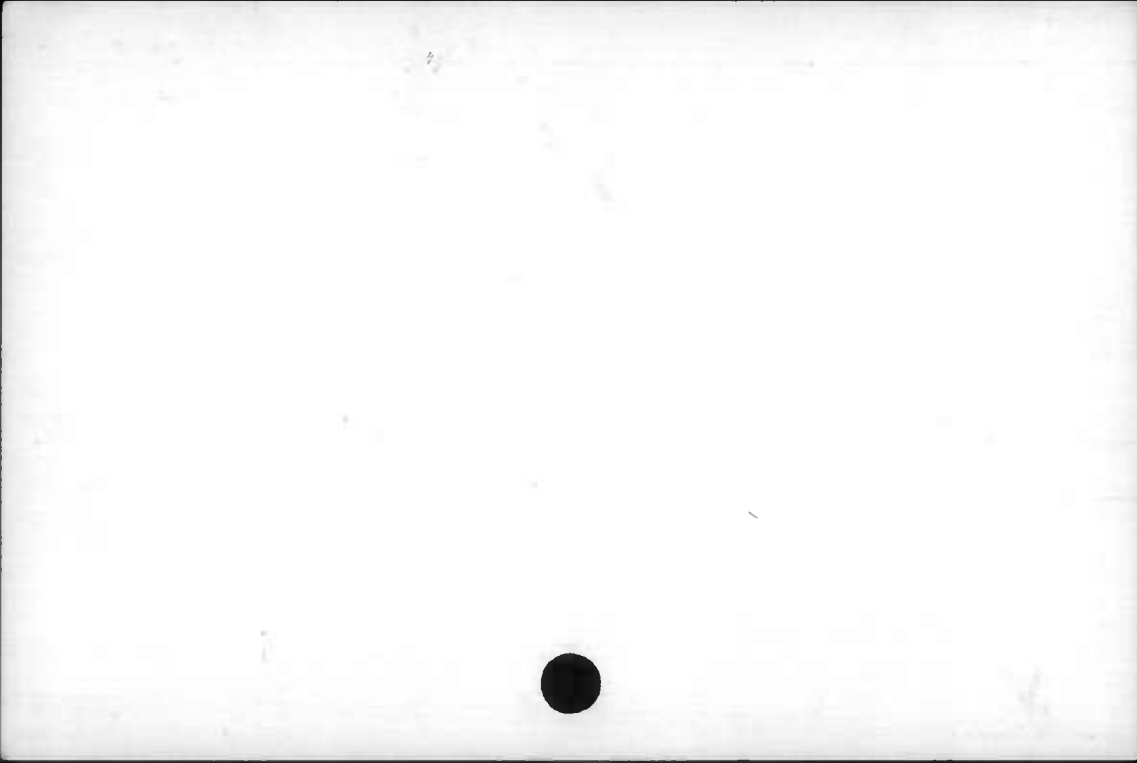
Died at <i>Frederick City</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1909		Month <i>Feb</i>		Day <i>15</i>		Age <i>56</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Carroll Co Ind</i>		Months <i>4</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Taneytown Ind</i>					
Married, <del>Single</del> <i>Married</i>		Name of Wife or Husband <i>Ivori L Beid</i>					
Father's Name <i>Uriah Helderbride</i>		Father's Birthplace <i>Carroll Co Ind</i>					
Mother's Maiden Name <i>Mary E. Hollenberg</i>		Mother's Birthplace <i>Carroll Co Ind</i>					
Name of person giving Information <i>E. L. Beid</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary	<i>Cholelithiasis w/ hepatic colic</i>	How long	<i>32 days</i>
Immediate	<i>Shock following surgical operation</i>	How long	<i>5 1/2 hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. M. Benner, M.D.</i>	
		Address <i>Taneytown, Md.</i>	
Accident or Suicide <i>J</i>			



Name  
in  
Full

Hellen Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1909	Month Feb.	Day 12	Age 31	Months	Days
Sex	Female		Color or Race	Black		Birth- place	md
Occupation	Domestic		Where Residing if not at place of death		↗		
Married, Single or Widowed	Single		Name of Wife or Husband		↗		
Father's Name	Unknown				Father's Birthplace	↗	
Mother's Maiden Name	Unknown				Mother's Birthplace	↗	
Name of person giving Information					How related to deceased		

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	Alcoholism		How long	8 or 10 hrs.
Immediate	Cardiac Exhaustion		How long	(?)
Are the name, age, sex, color, date and place correctly given above?		As near	Signature of Physician	
as could be ascertained		Address	H. G. Bourne.	
Accident or Suicide		Neither	Frederick, md	



Name  
in  
Full

William T. Rickor

## CERTIFICATE OF DEATH

Town

County

Died at

Barneswick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Feb

15

Age

3-6

Sex

Male

Color or  
Rse

White

Birth-  
place

Baltimore

Occupation

Brakeman

Where Residing if not  
et place of death

Frederick

Married, Single  
or Widowed

Married

Name of Wife or  
husband

Isadora Rickor

Father's  
Name

Samuel T. Rickor

Father's  
BirthplaceMother's  
Maiden Name

Catherine Cox

Mother's  
Birthplace

Md

Name of person giving  
Information

C.S. Woodcock

How related  
to deceased

Cousin

## CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

12 hrs

Immediate

Apoplexy

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. L. Horner

Address

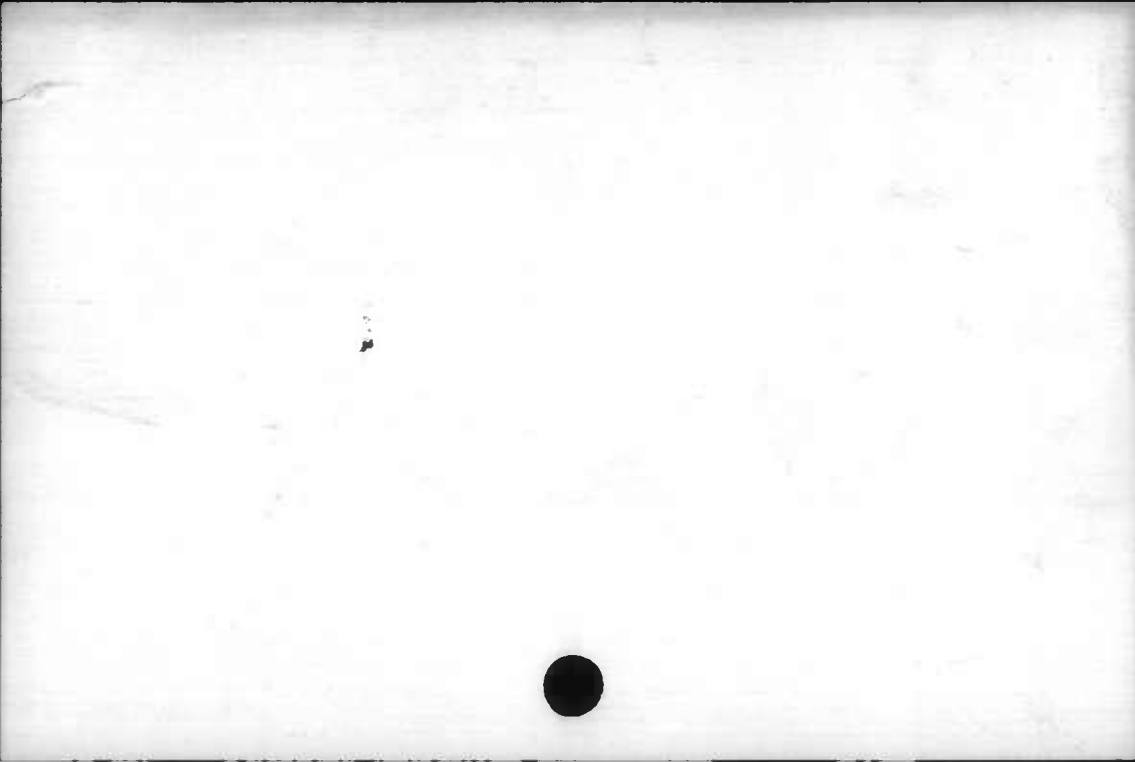
Barneswick

Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ada B. Runkles.

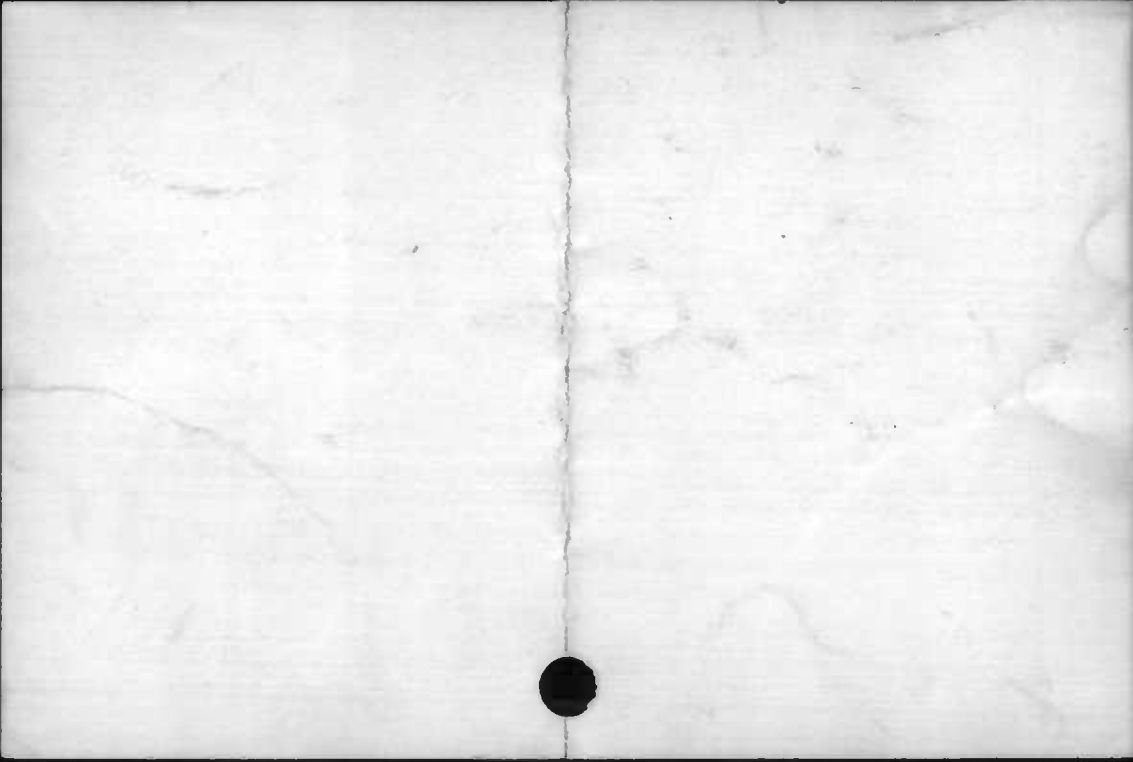
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blaine No 4</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	2	Day	14
Age	31	Years		Months	X
Sex	Female	Color or Race	White	Birth-place	Frederick Co.
Occupation	H-wife		Where Residing if not at place of death X		
Married, <del>Single</del>	Name of Wife or Husband <i>Walter G. Runkles.</i>				
Father's Name	<i>Brook Ruston</i>			Father's Birthplace	<i>Frederick Co.</i>
Mother's Maiden Name	<i>Anna J. Spurrer</i>			Mother's Birthplace	<i>Carroll Co.</i>
Name of person giving information	<i>Brook Ruston</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>	How long	<i>5 yrs.</i>
	Immediate	<i>Nephritis</i>	How long	<i>6 mos.</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
	Signature of Physician		<i>Franklin Buchanan M.D.</i>	
Address		<i>Frederick, Md.</i>		
Accident or Suicide? X				



Name  
in  
Full

Ely Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mountain Hotel</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1909	Month <i>2</i>	Day <i>19</i>	Age <i>28</i>	Years <i>x</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>MD</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widow <i>Single</i>	Name of Wife or Husband <i>x</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Nat. Posey</i>	How related to deceased <i>No relation</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Mania</i>	How long <i>20-34 years</i>
Immediate <i>Apoplexy</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Bourne MD</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicida	

1888



Name  
in  
Full

Sarah Ann Rebecca Saylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johnsville</i>		Town		<i>Fredenck</i>		County		MARYLAND	
Date of death	1909	Month	<i>Feb</i>	Day	<i>9</i>	Age	<i>72</i>	Months	<i>6</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cracasterstown Md</i>		
Occupation	<i>Helper to Housewife</i>			Where Residing if not at place of death			<i>At place of death</i>		
Married, Single or Widowed	<i>Widow</i>			Name of Wife or Husband			<i>Samuel P. Saylor.</i>		
Father's Name	<i>David Myers.</i>					Father's Birthplace	<i>Carroll Co Md</i>		
Mother's Maiden Name	<i>Elizabeth Miller</i>					Mother's Birthplace	<i>Carroll Co. Md.</i>		
Name of person giving Information	<i>William B. Myers.</i>					How related to deceased	<i>Nephew</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pleuritis and Cardiac Dropsy</i>		How long	<i>3 weeks -</i>
Immediate	<i>Heart failure</i>		How long	<i>10 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>James Watt</i>		
Address		<i>Union Bridge Md.</i>		
<div style="display: flex; align-items: center;"> <div style="width: 50px; height: 50px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div>Accident or Suicide</div> </div>				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

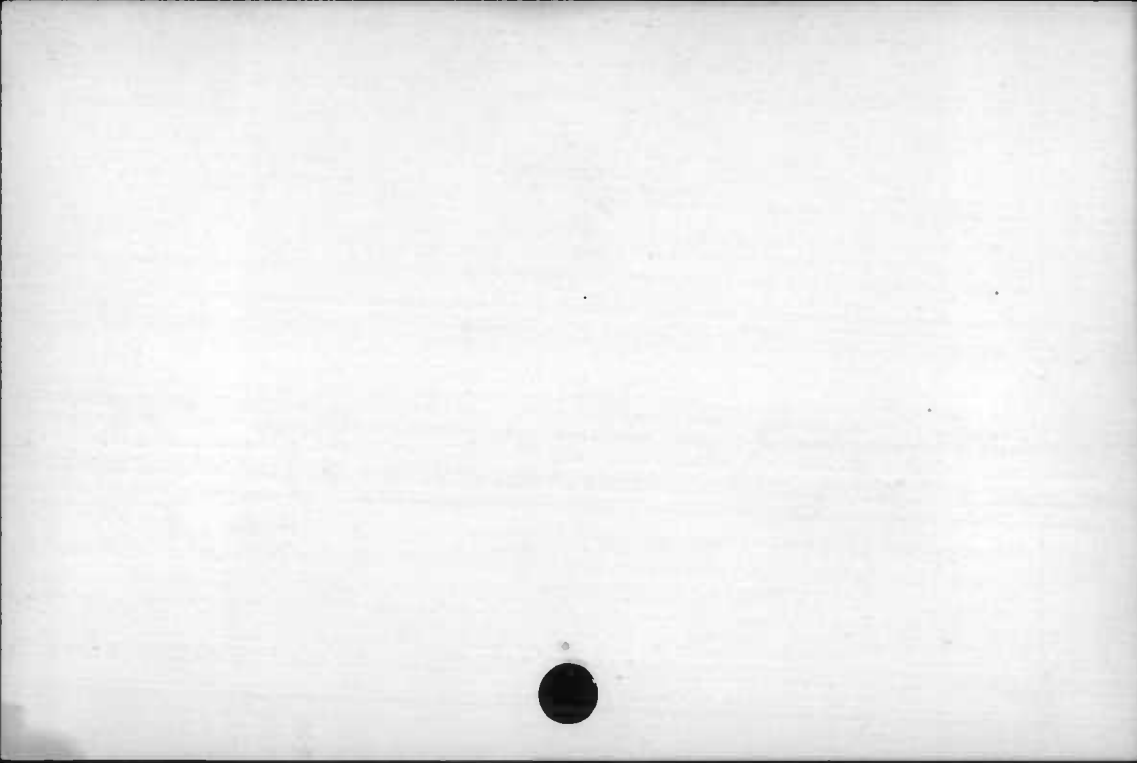
Died at <i>Stalkersville</i> <sup>Town</sup>		<i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death 1909	<i>Feb.</i> <sup>Month</sup>	<i>5th.</i> <sup>Day</sup>	Age <i>65</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>15</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick, Co.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House Wife</i>				
Name of Wife or Husband <i>John St. Shank</i>					
Father's Name <i>John Hardy</i>			Father's Birthplace <i>Fredk. Co. Md.</i>		
Mother's Maiden Name <i>Rebecca Hontzlople</i>			Mother's Birthplace <i>Fredk. Co. Md.</i>		
Name of person giving information <i>John St. Shank (Husband)</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>General Debility</i>	How long <i>Two years</i>
Immediate <i>Heart Failure</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John J. Remsburg</i>
	Address <i>Stalkersville</i>
Accident or Suicide? <i>neither</i>	<i>Fredk. Co. Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date  
of death

1909

Month

2

Day

16

Age

Years

—

Months

7

Days

23

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

—

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

William E. Shook

Father's  
Birthplace

Frederick Co Md

Mother's  
Maiden Name

Ernie A. Zimmerman

Mother's  
Birthplace

" " "

Name of person giving  
Information

W E Shook

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

15 days

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Ed Conley

Address

Adamstown Md

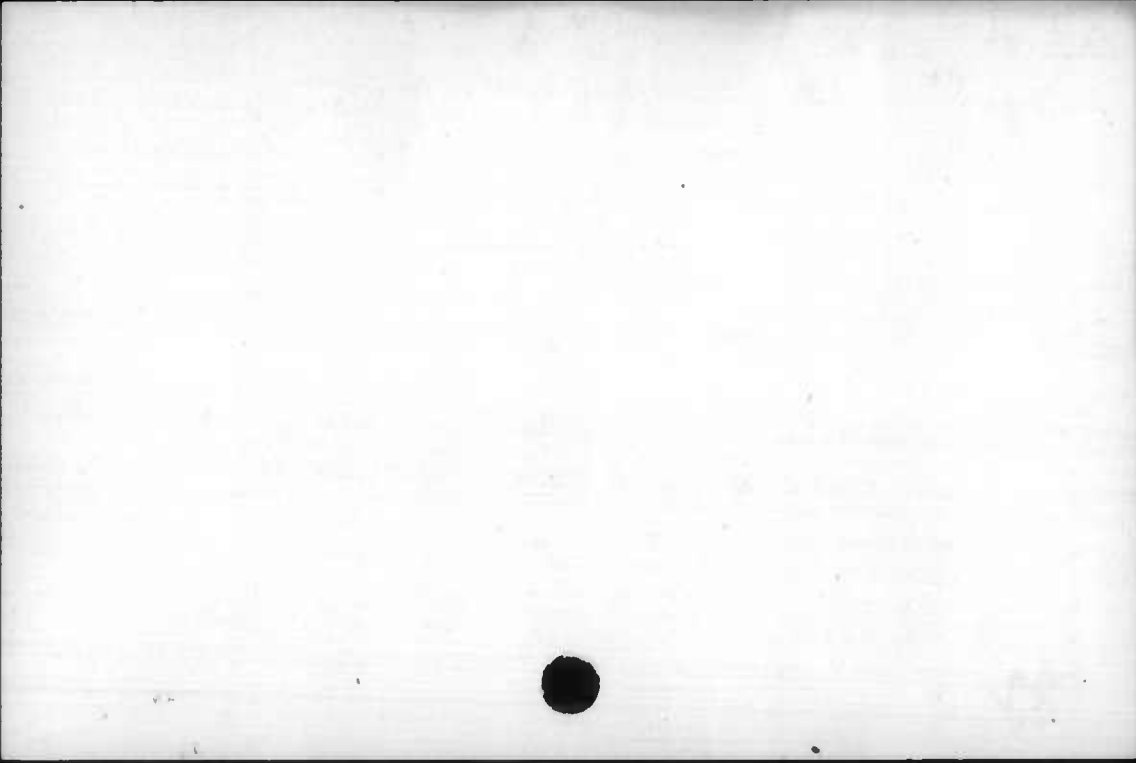
Accident or Suicidal

—

Interment Feb 17 - 1909  
" at Peagaville, St Lukis Cemetery

Thomas P. Rice F. O.

Name in Full		Ralph Millard Sprague				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near Johnsville		Frederick		MARYLAND	
	Date of death	1909	Feb	4	Age	5	13
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Samuel Sprague				Father's Birthplace	Penn.
	Mother's Maiden Name	Agnes Warner				Mother's Birthplace	Frederick Co
Name of person giving information	Danil Sprague				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pertussis				How long	2 1/2 weeks
	Immediate	Convulsions				How long	12 hrs.
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				H. B. Howe		
	Address				Liberty town Md.		
Accident or Suicide?							



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Bora Virginia Thomas</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>2</i>		Day <i>24</i>		Years <i>33</i>	
Date of death <i>1909</i>		Month <i>2</i>		Day <i>24</i>		Age <i>33</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bernard S. Thomas</i>					
Father's Name <i>William H. Moore</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Schwartz</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>B. S. Thomas</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

174

PHYSICIAN  
OR CORONER

Primary <i>Chloroform Narcosis for Dentistry</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Johnson</i>
<i>J</i>	Address <i>Indiana Ind.</i>
Accident or Suicide	

Interment Feb 26 - 1909

" at Mt. Olivet Cemetery

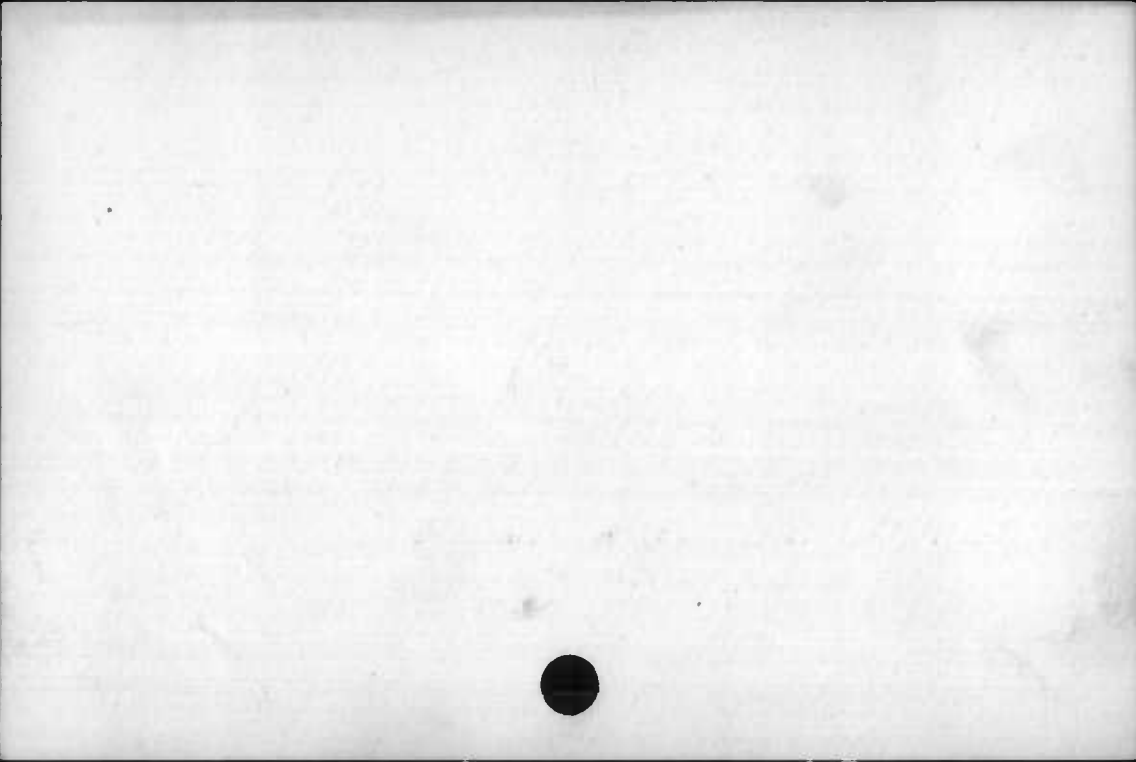
Thomas P. Rice F.D.

Dr. T. B. Johnson

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Dr. M<sup>c</sup>Curdy,

Name in Full		William Thomas Thompson				No. 5 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Monrovia</i> Town			<i>Fredrick</i> County		MARYLAND	
	Date of death <i>1909 Feb</i>		Month	Day <i>22</i>	Years <i>75</i>	Months <i>6</i>	Days <i>6</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
	Occupation <i>Farmer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Frances Cook</i>				
	Father's Name <i>Field Thompson</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Elyditt Hopkins</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Thompson</i>				How related to deceased <i>son</i>			
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">79</div> </div>							
PHYSICIAN OR CORONER	Primary <i>Acute regurgitation</i>				How long <i>unknown</i>		
	Immediate <i>[Signature]</i>				How long <i>Suddenly</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>[Signature]</i>		
	<input checked="" type="checkbox"/> Accident or Suicide?				Address <i>Rempton Del.</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Ralph Elmer Tylman* County *Frederick*

Died at *Near Pagarville* Maryland

Date of death *1909* Month *2* Day *8* Age *6* Years Months *2* Days *3*

Sex *Male* Color or Race *White* Birth-place *Near Pagarville*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Geo. Elmer Tylman* Father's Birthplace *Near Pagarville*

Mother's Maiden Name *Katie Maude Tylman* Mother's Birthplace *"*

Name of person giving information *Geo. Elmer Tylman* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Membranous croup* How long *2 days*

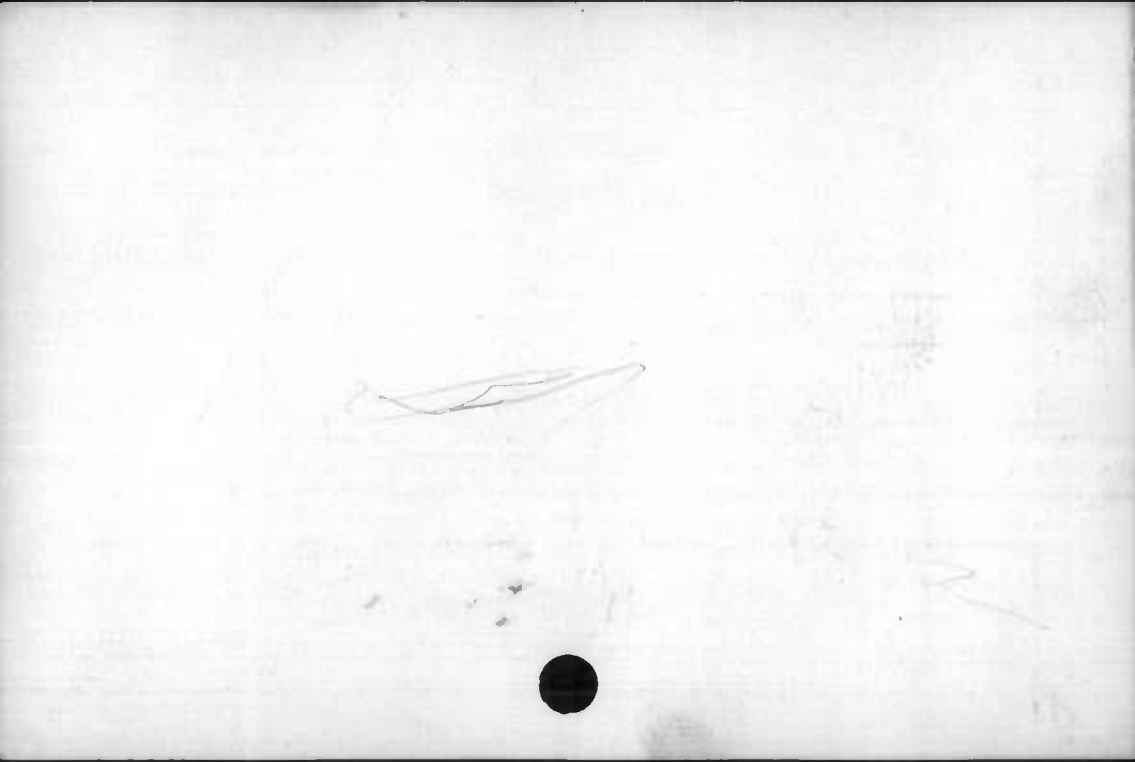
Immediate *Asphyxia* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above *Yes*

Signature of Physician *J. H. Goodman*

Address *Frederick*

Accident or Suicide? *No*



Name  
in  
Full

Jossey A. Weeden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDNear <sup>Town</sup> Frederick

County

MARYLAND

Died at  
Montgomery, Md.

Month

Day

Years

Months

Days

Date  
of death

1909

2

26

Age

15

Sex

Male

Color or  
Race

Black

Birth-  
place

Frederick Co. Md.

Occupation

None

Where Residing if not  
at place of death

Buckeystown, Md.

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Jacob Weeden

Father's  
Birthplace

Frederick Co. Md.

Mother's  
Maiden Name

Amanda Brown

Mother's  
Birthplace

" " "

Name of person giving  
Information

Jacob Weeden

How related  
to deceased

Father

## CAUSES OF DEATH

29

Primary

Tuberculosis of the Peritoneum &  
Bowels

How long

Several months

Immediate

General Exhaustion

How long

About a two

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. G. Dourne, M.D.  
Frederick, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Interment Feb 28- 1909

" at Hope Hill Cemetery

Thomas P. Rice F. & D.

Dr Boerne

Dr Goodell,

Name  
in  
Full

CERTIFICATE OF DEATH

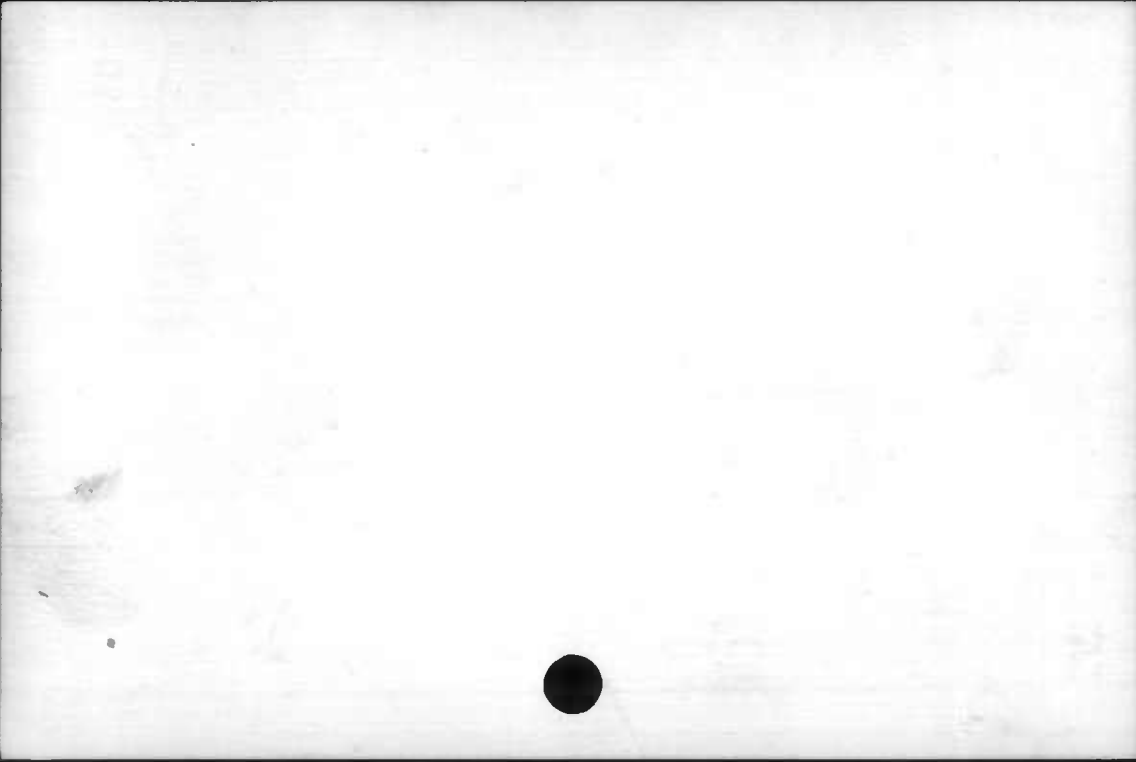
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brunswick</u> <sup>Town</sup>		<u>Fredrick</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>09</u>	<u>Feb</u> <sup>Month</sup>	<u>2</u> <sup>Day</sup>	<u>born dead.</u> <sup>Years</sup>	<u>Month</u>	<u>Days</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Brunswick</u>		
Occupation			Where Residing if not at place of death		

Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace
Father's Name	<u>John D. Whitney</u>		<u>Md.</u>
Mother's Maiden Name	<u>Phoebe E. Whitney</u>		<u>N. Va.</u>
Name of person giving Information	<u>J. F. Whitney</u>		How related to deceased <u>Father</u>

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		How long
Primary	<u>Still Born</u>	
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. F. Schenck M.D.</u>
		Address <u>Brunswick Md.</u>
Accident or Suicide		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

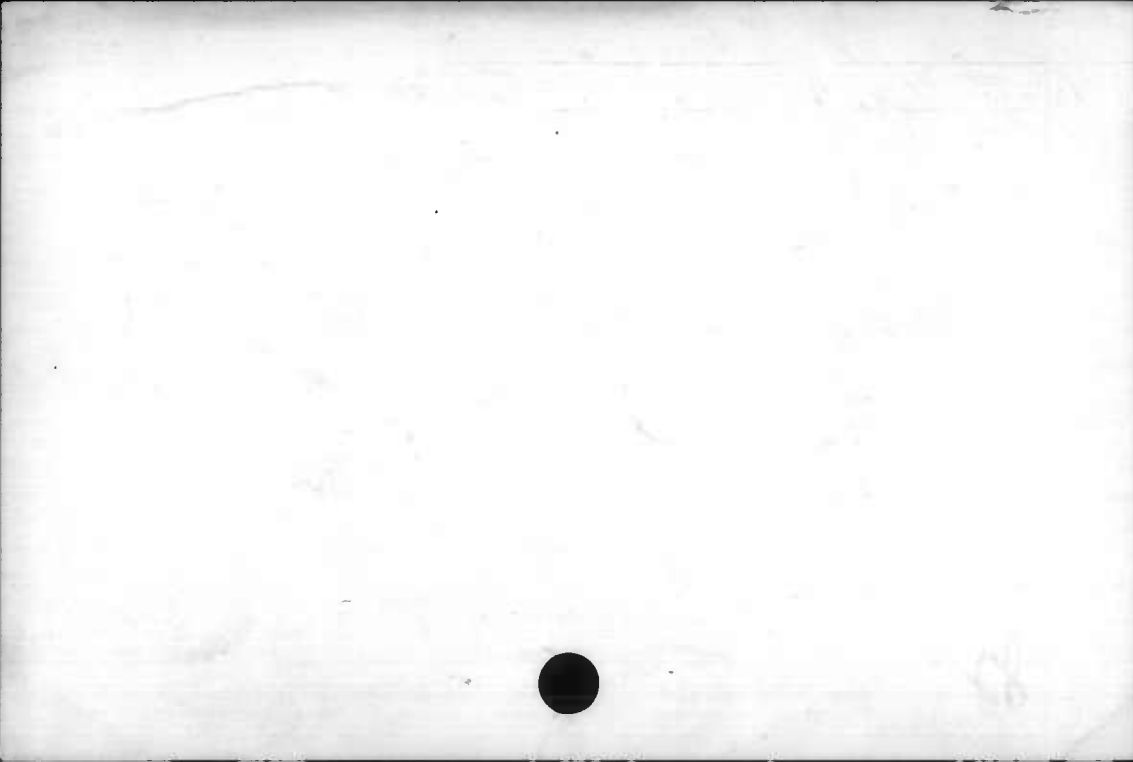
Name <i>Mark Weldon Wolfe</i>		Town <i>Garfield</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Garfield</i>		Month <i>Feb.</i>		Day <i>1st</i>		Years <i>9</i>	
Date of death <i>1909</i>		Age <i>9</i>		Months <i>9</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fred &amp; Co.,</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Amos R Wolfe</i>		Father's Birthplace <i>Garfield</i>					
Mother's Maiden Name <i>Gazella M Lewis</i>		Mother's Birthplace <i>Ft. Hill</i>					
Name of person giving Information <i>W. Wolfe</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Double Pneumonia</i>		How long <i>Two weeks</i>	
Immediate <i>Embolism</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. M. D. G. G. G.</i>	
<i>J</i>		Address <i>Smithsburg Maryland</i>	
Accident or Suicide			



Name in Full		Daniel Lawson Yecker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Burkittsville <sup>Town</sup>		Ches <sup>County</sup>		MARYLAND	
	Date of death		1909	Feb. <sup>Month</sup>	6 <sup>Day</sup>	Age 71 <sup>Years</sup>	2 <sup>Months</sup> 8 <sup>Days</sup>	
	Sex		Male		Color or Race		White	
	Occupation		Retired Farmer		Birth-place		Fred. Co. Ind.	
	Married, Single or Widowed		Married		Name of Wife or Husband		Kate Yecker	
	Father's Name		John E. Yecker		Father's Birthplace		Germany	
	Mother's Maiden Name		Elizabeth A. Yecker		Mother's Birthplace		Fred. Co. Ind.	
	Name of person giving information		Samuel Yecker		How related to deceased		Son	
CAUSES OF DEATH							(66)	
PHYSICIAN OR CORONER	Primary		Hemiplegia			How long		Two days
	Immediate		Apoplexy			How long		Immediate
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				Dr. G. W. Youter
				Address				Dr. Thomas Burkittsville, Ind.
Accident or Suicide?								

